L19000205992

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
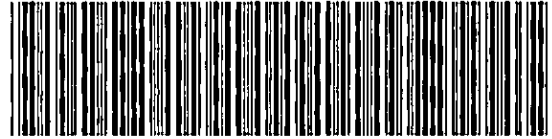(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED 2021 MAR 25 P 1:10

COVER LETTER

                Kraken Offroad, LLC
SUBJECT: _____
                        Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeremy Corkran
_____
                        Name of Person

Kraken Offroad, LLC
_____
                        Firm/Company

2026 53rd St S
_____
                        Address

Gulfport, FL 33707
_____
                        City/State and Zip Code

sales@krakenoffroad.com
_____
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Corkran   502   930-9552
_____ at (_____) _____
        Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ☑ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                      (additional copy is enclosed)   Certified Copy
                                                                                      (additional copy is enclosed)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KRAKEN OFFROAD, LLC
_____
(**Name of the Limited Liability Company as it now appears on our records.**)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on __August 13, 2019__ and assigned Florida document number __L19000205992__ .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2026 53rd St S

Gulfport, FL 33707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2026 53rd St S

Gulfport, FL 33707

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent</u>: Jeremy Corkran

<u>New Registered Office Address</u>: 2026 53rd St S

Enter Florida street address

Gulfport , **Florida** 33707

City   Zip Code

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, <u>Signature of New Registered Agent</u>

'If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR =   Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Colin Jones	4951 E. ADAMO DR.	☐ Add
		240	☒ Remove
		TAMPA, FL 33605	☐ Change
Mgr	Jeremy Corkran	2026 53rd St S	☒ Add
		Gulfport, FL 33707	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2021 MAR 25 P 12:10

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

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_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)   The 90th day after the record is filed.

Dated March 18 _____ , 2021 _____ .

_____
Signature of a member or authorized representative of a member

Colin Jones

_____
Typed or printed name of signee

Filing Fee: $25.00