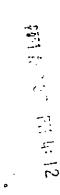


(Requestor's Name)
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(Document Number)
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COVER LETTER

Registration Section

Division of Corporations

TO:

ALCO TO COMPANY	KRUST LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Leslie McDevitt	
		Name of Person	
		KRUST, LLC	
		Firm/Company	
	12727	SW 136th ST apt 6301	
		Address	
	Mia	ami, Fl 33186	
		City/State and Zip Code	
	leslie	_mcd@hotmail.com to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca		
TO THE TOTAL PROPERTY OF THE PARTY OF THE PA			0500
Leslie Mo	Devitt f Person		-8506 Felephone Number
name o	1 r etsou	, tica evac	
Enclosed is a check for the	ne following amount:		
№ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Forporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee. FL.	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRUST, LI	LC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) .tability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
florida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
	n/a	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	n/a	
		F23
Inter new mailing address, if applicable:		, .
Mailing address MAY BE A POST OFFICE BOX)	n/a	
		:
3. If amending the registered agent and/or registered office a	ddress on our records, enter th	e name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:	n/a	
New Registered Office Address:		
New Registered Corner Address.	Enter Florida street address	
	Flor	ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

n/a
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joseph McDevitt	12727 SW 136th ST apt 6301 Miami. Fl 33186	▼ Add
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			□Change
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Effective d	ate, if other than the da	te of filing:		(optional)	
f an effective Note: If the	ate, if other than the day date is listed, the date must be a date inserted in this block	specific and cannot be prior does not meet the applic	r to date of filing or more	e than 90 days after filing requirements, this date) Pursuant to 605.0207 (3)(will not be listed as the
	effective date on the Depar	riment of State's records		•	
document s		no but not an affactive t	ima at 12:01 a.m. on	the melion of the D	a Offin day after the
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record spec	cifies a delayed effective da				
	cifies a delayed effective da Aug 17	2021			