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COVER LETTER

LC		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
JESUS TAMARA		
	Name of Person	2708391 Tode Daytime Telephone Number Daytime Telephone Number Daytime Telephone Status & Copy Certificate of Status &
FAA CONSULTING, LLC	··	
	Firm/Company	
5930 NW 99TH AVE UNI	IT 4	
	Address	
DORAL, FLORIDA 33178	8	
FAA_CONSULTING@AO	City/State and Zip Code PL.COM	
E-mail address: (to be used for future annual repor	t notification)
oncerning this matter, please co	all:	
		I
f Person	Area Code Do	aytime Telephone Number
ne following amount:		
☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: JESUS TAMARA Name of Person FAA CONSULTING, LLC Firm/Company 5930 NW 99TH AVE UNIT 4 Address DORAL, FLORIDA 33178 City/State and Zip Code FAA_CONSULTING@AOL.COM E-mail address; (to be used for future annual report oncerning this matter, please call: 1 786 270839 of Person at (

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KR 2019, LLC

FILED

(<u>Name of the Limite</u> (d Liability Company as it now appears on our re A Florida Limited Liability Company)	MILL NILL - 1 1
The Articles of Organization for this Limited Liz Florida document number £19000247453		and assigned in ALLANASSEE, FEURIDA
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	"ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/oregistered agent and/oregistered agent and/or the new registered office.	r registered office address on our rec	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida
	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.

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>	<u>Address</u>	Type of Action
MGR	AREVALO, NESTOR J	10248 NW 71 TER, DORAL FL	
		33178	
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			Change
			D Add
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department's	does not meet the application	able statutory filing requ	(optional) in 90 days after filing.) Pursuant to itrements, this date will not be	5 605.020 : Fisted a
record specifies a delayed e he 90th day after the record		t an effective time,	at 12:01 a.m. on the ea	arlier d
ed OCTOBER 30TH	. 2019			

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Typed or printed name of signee

Filing Fee: \$25.00