## L19000265630

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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	<del></del>	
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Registration Section  $^{\mathsf{t}}$  Division of Corporations  $^{\ell}$ 

O:

вјест:	Name of Lin	nited Liability Company	292
			- 3 - 0 - 10
e enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	2923 EEP 19
ase return all corresp	ondence concerning this matter	to the following:	P
	LIEL KEDMI		:  7
		Name of Person	
	KRISTALS TAMPA LLC		
		Firm/Company	
	4512 W PRICE AVE		
	<del></del>	Address	
	TAMPA, FL 33611		
		City/State and Zip Code	
	KRISTALSTAMPA@GM	•	
	E-mail address: (	to be used for future annual report not	ification)
r further information	concerning this matter, please c	all:	
EL KEDMI		I 808-699-44	79
Name (	of Person	at ()	ne Telephone Number
• 1—			
closed is a check for t	he 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 Addre		Street Address:	
Registration	Section	Registration Se	
Registration Division of C	Section Corporations	Registration Se Division of Con	rporations
Registration	Section Corporations 27	Registration Se Division of Co The Centre of	rporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zip Code

KRISTALS TAMPA LLC		:	==
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	•••
e Articles of Organization for this Limited I	Liability Company	y were filed on 10/23/2019	and assigned
orida document number L19000265630	<del>.</del>		
is amendment is submitted to amend the fol	llowing:		
If amending name, enter the new name	of the limited lial	bility company here:	
ONE			
new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
ter new principal offices address, if appli	cable:	NONE	
rincipal office address MUST BE A STRE	ET ADDRESS)		
			<del></del>
		NONE	
ter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE	<u> BOX)</u>		
If amending the registered agent and/or ent and/or the new registered office addre	v	address on our records, enter the nan	ne of the new register
Name of New Registered Agent:	NONE		
New Registered Office Address:	NONE		
		Enter Florida street address	

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

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

City

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

IGR = Manager

MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
.MBR	LIEL KEDMI	31368 PALM SONG PL	□ Add
		WESLEY CHAPEL, FL 33545	Remove
			□Change
			Add 2073 Sin Remove
			© Change
			□Remove
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NONE			
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ctive date, if other than the da	09/16/2023	(optional	`
effective date is listed, the date must be	specific and cannot be prior to date of fi	ling or more than 90 days after filing	g.) Pursuant to 605.020
If the date inserted in this block ment's effective date on the Depar	does not meet the applicable statute	ory filing requirements, this date	e will not be listed a
and enecifies a delound effective de	ate, but not an effective time, at 12:0	01 s.m. on the earlier of (h). T	he 90th day after th
filed.	no, out not an estective unio, at 12.	or a.m. on me on me on (o)	
d SEPTEMBER 15			
Li	C   nature of a member or authorized repre		
Sig	nature of a member or authorized repre	sentative of a member	