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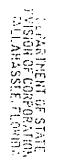
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FEB 2 9 2020 S. YOUNG

## **COVER LETTER**

TO:

TO: Registration Se Division of Co			
KRAFT PI SUBJECT:	PG LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUAN F ARES		
	***************************************	Name of Person	
		Firm/Company	<del>_</del>
	1297 MAJESTY TER		
		Address	
	WESTON FL 33327		
	ferares@gmail.com	City/State and Zip Code	
		to be used for future annual report no	itification)
	oncerning this matter, please c	alf:	
Juan F Ares		954 501-9050 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 Addres Registration 9		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	prporations
P.O. Box 632 Tallahassee, 1		The Centre of	Tallahassee oe Street, Suite 810
i anianasce,	A AL JAN LT	2712 IN. MOHE	oc succi, sunc att

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRAFT PPG 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 Liabi Torida document number L20000026010		and assigned
his amendment is submitted to amend the following	ing:	
a. If amending name, enter the new name of th	ne limited liability company here:	
he new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "I	A.C." or the abbreviation "L.L.C."
inter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET A	ADDRESS)	
		<u></u> .
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	DX)	
	<del></del>	<del></del>
. If amending the registered agent and/or regi	istered office address on our records, ent	or the name of the new registe
gent and/or the new registered office address h	iere:	er the name of the new registe
· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	ress
_		Florida
	Ciţy	FloridaZip 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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ective date, if other than the an effective date is listed, the date must te: If the date inserted in this bloomment's effective date on the De	be specific and cannot be prior sek does not meet the applic	able statutory filing req		
ecord specifies a delayed effective is filed.	date, but not an effective t	me, at 12:01 a.m. on th	e earlier of: (b) The 90th	i day after the
January 30	. 2020			

Typed or printed name of signee