LZO 000036338

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(Address)
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(Business Entity Name)
(Document Number)
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11/23/20



COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: Kraushaus LLC

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:

Ingrid Kraus
Name of Person
Kraushaus LLC.
 Firm/Company
600 Circle Drive
 Address
Pompano Beach, FL 33062
 City Star and Zip Code
kraushaus@comcast_net
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Ingrid Kraus
 at 1
 954
 701-2724

 Name of Person
 Area Code
 Dayting: Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ S60.00 Filing Fee. Certificate of Status & Certified Copy (addinecal copy is enclosed)

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

VDA	юсц	AINC	116
A RA		AUS,	

(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.) ay Company)	
The Articles of Organization for this Limited Liability Company were	e filed on	and assigned
Florida document number L20000036338		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	<u>company bere</u> :	
		1010
The new name must be distinguishable and comain the words "Limited Lizbility Co	impany," the designation "LLC" or the	abbrevizion BLC
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- p c
		;
		··· [
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

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

	Ingrid Kraus
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

Cin

vew Registered Agent's Signature, if chaoging 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 eing filed to merely reflect a change in the registered office gadres). I hereby confirm that the limited liability ompany has been notified in writing of this change.

ging Registered Agent, Senature of New Registered Agent Chai Page 1 of 3

Zip Code

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

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	ROLF Kraus	boo Circle Drive Pompano BEACH	Add
		POMPANO BEACH	C Remove
		FL 33062	Change
			Change
			REmover
			O Charge
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			O Remove
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D. If amending any other information. enter change(s) here: (Attach additional sheets, if necessary.)

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Effective data if other than	the data of filing.			(antional)	
Effective date, if other than If an effective date is listed, the dat			of filing or more than	(optional) 90 days after filing.	Pursuant to 605.0207 (
Note: If the date inserted in th	is block does not mee	et the applicable s	atutory filing requir	rements, this date	will not be listed as the
document's effective date on t	he Department of Stat	te's records.			
he record specifies a dela	wed effective dat	te but not an	effective time. a	at 12:01 a m 🧃	on the earlier of
The 90th day after the					
Dated	•	·			
				-	
	Signature of a mer	mber or zuthorized	epresentative of a me	mber	

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00