L20000066116

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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	KR Towing LL (Name of Edmited Lia	bility Company	
The enclosed Articles of Ar	nendment and fee(s) are submitted	for filing.	
Please return all correspond	ence concerning this matter to the f	following:	
	Leanurdo_To	Dirac COS Name of Person	
		Firm/Company	 _
	18543 NW 10	Rd. Address	
	Miami FL City	33)69 State and Zip Code Cruicus Q gmail. Q sed for future annual report notification	
	E-mail address: (to be us	ervices of analysis of future annual report notification	<u>(</u>
For further information cor	cerning this matter, please call:		
PONG du Name of I	LOTTAC	at (776) 651 - 450 Area Code Daytime Tele	phone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee		\$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 Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KR Tousie	r LLC		
(Name of the Limited Liability (A Florida l	Company as it now appears on imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2000066116</u>	~ 1	1 2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:		1	
(Mailing address MAY BE A POST OFFICE BOX)			-
			···
			n Na manu musistamad
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, enter the name of	the new registered
agent androt the new registered differ was also			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	etraat addrass	
	rsuer r ionua .		
	City	, Florida 	ip 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>	Address	Type of Action
<u>CEO</u>	Brenda Tamayo Torra	c 18543 NW 10 Rd.	□Add
		Miami, FL 33169	Remove
			□Change
			□Add
			□ Remove
			□Change
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m effe ote:	ce date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited_	Octubre 30 2023.
	$A \sim A$
	Signature of a member or authorized representative of a member Legnardo Tossa Cos. Typed or printed name of signee