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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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FÄLL AHÄSSEE, FLORIDA

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COVER LETTER

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CUDIFCT.			•	•
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Christopher Kruse		
		Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Christopher Kruse		
		KRUSE ENTERPRISE LI	.C	
			Firm/Company	
		12053 Tuscany Bay Dr		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Tampa/Florida 33626		
			City/State and Zip Code	
	Name of Person KRUSE ENTERPRISE LLC Firm/Company 12053 Tuscany Bay Dr Address Tampa/Florida 33626 City/State and Zip Code ckruse343@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: r Kruse 813 3170061 at ()			
		E-mail address: (1	to be used for future annual report not	ification)
For further	information c	oncerning this matter, please ca	all:	
Christopher	Kruse		. =	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee		Certified Copy	Certificate of Status &
	ailing Addres		Street Address:	ation
	egistration S vision of C	Section forporations	Registration Se Division of Co	
	O. Box 632		The Centre of	•
	llahassee I			se Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRUSE ENTERPRISE LLC			器- O :ii
(Name of the I	imited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.)	
	(13 7 Torrida Ellimed Ellability C	ompany)	65 6
The Articles of Organization for this Limite	d Liability Company were file	ed on <u>09/30/2020</u>	and assigned
Florida document number L20000309216			>
This amendment is submitted to amend the	following:		
A. If amending name, enter the new nam	e of the limited liability com	ipany here:	
K Zero Industries LLC			
The new name must be distinguishable and contain t	he words "Limited Liability Compa	my," the designation "LLC" or	the abbreviation "L,L,C."
Enter new principal offices address, if ap	plicable:		
(Principal office address MUST BE A STR	REET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFI	CE BOX)		
-			
B. If amending the registered agent and/oagent and/oagent and/or the new registered office ado	or registered office address o dress here:	on our records, enter the	name of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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ctive date, if other than the effective date is listed, the date must be: If the date inserted in this burnent's effective date on the I	ust be specific and cannot block does not meet the	e applicable statuto	ng or more than 90 da ry filing requireme	_(optional) ys after filing.) Punts, this date wi	irsuant to 605 Il not be list	5.02 .ed
ord specifies a delayed effecti filed.	ive date, but not an effe	ective time, at 12:0	l a.m. on the earlie	rof: (b) The 9		r ti
June 27th	2022	2			WETTYRES	7- 111 6600
	·	·			SHA.	<u>=</u>
/ / /		()				
Cla	Signature of a member	2			000	-5 MH 10: 4

Filing Fee: \$25.00