(((H21000161460 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Address			
⊩manı.	DAMPOCCI			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **KORLEUR LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

APR 20 3021

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KORLEUR LLC (Name of the Limited Liability (A Florida L.)	Company as it now appears on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number L21000096608	mpany were filed on 02/26/2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or	the abbreviation "L L.C."
Enter new principal offices address, if applicable:		2021
Principal office address MUST BE A STREET ADDRI		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2 0
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, eess here:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	ida
	City	Zip 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>	Name	Address	Type of Action
AMBR	Kriss Hidalgo	5868 Deerfield Place	☑ Add
		Lake Worth, FL US 33463	☐ Remove
			Change
			Add
			□ Remove
			Change
			Add Remove Change
			Remove _
			Change
			Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Remove
			Change

	
	821
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more.) Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (3)(b) quirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time (b) The 90th day after the record is filed.	
Dated 04/22 2021	
Dated 04/22 2021 Signature of a member or authorized representative of a Morgan Noble Typed or printed name of signee	n member
Morgan Noble	
Typed or printed name of signee	

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