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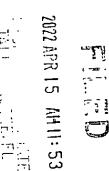
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/Bu	siness Entity Nan	ne)
(88	Siness Emily Han	ne,
(Do	cument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to	Filing Officer:	
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J 5/21/2022

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

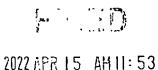
Division of Co	rporations		
KRLS_Ho	oldings_LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	amitted for filing	
		-	
Please return all corresp	ondence concerning this matter	to the following:	
	Katherine_Rivera		
		Name of Person	
		Firm/Company	
	7965 State Road 50, Ste. 1	000-119	
		Address	
	Groveland, FL 34736		
		City/State and Zip Code	
	kathriv@yahoo.com		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	atl:	
Katherine Rivera		305 905-4444 at ()	
Name of Person			ne Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Se	etion
Division of Corporations		Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KRLS_Holdings_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 Liability C		21 and assigned
Florida document number L21000216114	n·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Simply Thrify LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· 	·
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our record	s, enter the name of the new registered
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	,	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered as being filed to merely reflect a change in the registere	omplete performance of my d yent as provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

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
				□Add
				□Remove
				□Change
				□ Add
				Remove
				□ Change
	·			□Add
			1	□ Remove
		. 4	1	□Change
			1	□Add
				□Remove
		_ .		□Add
				□Remove
				☐ Change
				□ Add
				□Remove
				□Chanve

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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- N/H	
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	<u></u>
	
	_
	_
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 than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	605.0207 (3)(b) listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b) The 90th day after the record is filed.	rlier of:
Dated April 2022 Signature of a number or authorized representative of a member	
HATNERY'S REVECTOR	

Page 3 of 3

Filing Fee: \$25.00