LZ1000271704

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(Business Entity Name)	
(Document Number)	
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COVER LETTER

	tration Sec on of Corp			
K	RKMC LL	C		
SUBJECT: _		Name of Lin	nited Liability Company	
		, and or Bill	The Bulling Company	
The enclosed A	articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return al	l correspon	dence concerning this matter	to the following:	
		Gian Gordon-Whyte		
		Gian Gordon-Whyte CPA	Name of Person	
		P.O. Box 25580 KIN 2083.	Firm/Company	
		Miami, FL 33102	Address	· · ·
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notificati	• • •
For further info	rmation cor	ncerning this matter, please c	all:	1707
Gian Gordon-W	/hyte		954 758-5151 at ()	= 1 -:: •
	Name of I	Person		lephone Number
Enclosed is a ch	neck for the	following amount:		: 2L
■ \$25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	g Address: tration Se ion of Co		Street Address: Registration Section Division of Corpora	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

KRKMC LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) impany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{L21000271704}{L21000271704}$	d on June 10, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 o agent and/or the new registered office address here:	
agent and of the new registered office address here.	5.
Name of New Registered Agent:	A 1
New Registered Office Address:	 2
	Enter Florida street address
	. Florida
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 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

Type of Action
■ Remove
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prote: If the date inserted in this block does not meet the appointment's effective date on the Department of State's recor	licable statuto	ing or more than 9 ry filing require	(optiona days after filir ments, this da	ig.) Pursuant to	605.020 tisted a
ecord specifies a delayed effective date, but not an effective	e time, at 12:0	1 a.m. on the ea	dier of: (b)	The 90th day	after the
is filed.	<u>-)</u> .				
is filed. ated	<u>-)</u> .				_