

L21000512211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

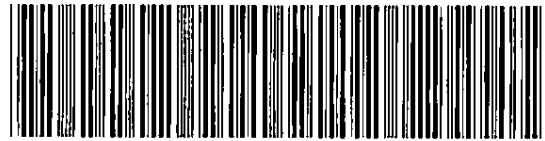
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300437467493

10/02/24--01031--010 **25.00

2024 OCT -2 PM 3:10
SECRETARY OF STATE
FALLS CHURCH, VA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRATOS CONSULTING SAS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FABRIZIO R PRATO INSANA

Name of Person

KRATOS CONSULTING SAS LLC

Firm/Company

3555 NW 83 AVE #206

Address

DORAL, FL 33122

City/State and Zip Code

kratos.consulting@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABRIZIO R PRATO INSANA

786 740-2102
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2024 OCT -2 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KRATOS CONSULTING SAS 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 Company were filed on 12/03/2021 and assigned
Florida document number L21000512211.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," 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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FABRIZIO R PRATO INSANA

New Registered Office Address:

3555 NW 83 AVE #206

Enter Florida street address

DORAL

City

Florida 33122

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.

F.P.I.

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	FABRIZIO R PRATO INSANA	3555 NW 83 AVE #206	<input type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	EVANILUZ V HERNANDEZ	3555 NW 83 AVE #206	<input type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	YESSICA C CORTEZ	1109 NE 4TH STREET	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF
TALLAHASSEE

2021 OCT - 2 PM 3:10

11-11-21

2021 OCT -2 PM 3:10
SECRETARY OF THE
TALLAHASSEE

2021 OCT -2 PM 3:10
SECRETARY OF THE
TALLAHASSEE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 23 2024

F. P. I.

FABRIZIO R. PRATO *INSANA*

Typed or printed name of signee

Filing Fee: \$25.00