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2022 FEB -9 AMII: 13
SECRETARY OF STATE
TALLARASSEE FO

A. BUTLER FEB 2 1 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LKR Grap 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:
Jose Wis Kalil Name of Person
Firm/Company
9398 isles cay dr
Delroy beach, FL 33446 City/State and Zip Code Kalillis @ gahoo. con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tose Liu Kalil at (561) 927 9003 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\times \times \

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

2022 FEB -9 AM 11: 13 Limited Liability Company as it now appears on durrecords.)/ OF STATE The Articles of Organization for this Limited Liability Company were filed on ______ ot / 11 / 2072 and assigned Florida document number _ L 22 000026173 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 "LLC." 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: New Registered Office Address: Enter Florida street address Cin 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

<u>Title</u>	Name	Address	Type of Action
MGR	Tox leis Kalil	9398 isles cay dr	⊠Add
			□Remove
			□Change
AMBR Linda lah	Linda lahud	9398 islas cay dr	⊒Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change
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(If an eff	ive date, if other than the date of filing:
he recor	d specifies a delayed effective date, but not an effective whe, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	02/01/2022
	Signature of a member or authorized representative of a member
	Jose luis Kalil

Filing Fee: \$25.00