L22000107814

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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TO:

	Registration Se Division of Cor			
eun ie	Krazy 8 Bil	llards LLC		
SUBJEC	.li	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Nga T Nguyen		
			Name of Person	
			Firm/Company	
		1707 W Fairfield Dr		
			Address	
		Pensacola, FL, 32501		
			City/State and Zip Code	
		krazy8billards@gmail.com		
			to be used for future annual report not	(fication)
For furthe	er information c	oncerning this matter, please c	all:	
Nga (Dia	na) Nguyen		850 530-4001	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Cor	
1	P.O. Box 632	7	The Centre of T	Fallahassee
	Tallahassee, I	² L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

4023 MAR 17 AM 10: 12 Krazy 8 Billards LL ame 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 $\underline{03.17.2023}$ and assigned Florida document number 1.22000107814 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Krazy 8 Billiards LLC 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: New Registered Office Address: Enter Florida street address

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
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record sp l is filed.	ecifies a delayed	effective date, l	but not an effe	ctive time, at 12	2:01 a.m. on the c	earlier of: (b) Tl	he 90th day after i	the
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Filing Fee: \$25.00