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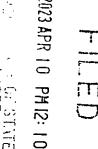
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COVER LETTER

	Registration Se Division of Cor			
CHO IEC	KRIS MAR	RA. LLC		
SUBJEC	.1;	Name of Lim	nited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspon	ndence concerning this matter	to the following:	
		KRISTIEN MARRA		
			Name of Person	
			Firm/Company	
		13802 BOTTERI ST		
			Address	
		VENICE, FL 34293		
		· <u>-</u>	City/State and Zip Code	
		islandwalkrealtor@gmail.ec		
			to be used for future annual report	notification)
For furthe	r information co	neerning this matter, please ca	all:	
NICOLE	CREESE		941 888-422 at ()	2
	Name of	Person		ytime Telephone Number
Enclosed	is a check for the	e following amount:		
■ \$25.0	0 Filing Fee	□ \$30.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRIS MARRA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liabilit	ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on 06/15/2022 and assigned
Florida document number 1.22000273352	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
KRISTIEN MARRA, LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	S 20
	—————————————————————————————————————
Enter new mailing address, if applicable:	0 0
Mailing address MAY BE A POST OFFICE BOX)	Wind Pr
	<u> </u>
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
C	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐ Change
			□ Add
			□Remove
			[]Change
			□Remove
			□ Change
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KRISTIEN MARRA			•		

Filing Fee: \$25.00