4220002746026

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations RECEIVED

SUBJECT:	KRAUS BI	ROTHERS INVESTMENTS, I	LLC	ZU22 , Fig.	6 AM 7:58
		Name of Lin	ited Liability Company		ARY OF SI HASSEE, F
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		ROBERT KRAUS			
			_		
		KRAUS BROTHERS INV	ESTMENTS, LLC		
1717 N BAYSHORE DRIVE #1636					
			Address		
		MIAMI, FL 33132			
			City/State and Zip Code	·	
		vasquirrel@aol.com	to be used for future annual report not	(fication)	
For further in	nformation c	oncerning this matter, please c	·	шешт	
ROBERT K	RAUS		703 929-6309		
	Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is:	check for th	ne following amount:			
□ \$25,00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

COVER LETTER

TO:

Registration Section Division of Corporations

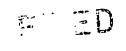
Tallahassee, FL 32314

	BROTHERS INVESTMENTS, I	.L.C		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	unitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	ROBERT KRAUS			
		Name of Person		
	KRAUS BROTHERS INV	ESTMENTS, LLC		
		Firm Company		
	1717 N BAYSHORE DRI	VE #1636		
	Address			
	MIAMI, FL 33132			
		City State and Zip Code		
	vasquirrel@aol.com			
	E-mail address; (to be used for future annual report not	tification)	
For further information	concerning this matter, please c	all:		
ROBERT KRAUS		703 929-6309		
Name	of Person	at () Area Code Daytir	nc Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 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)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sc	ection	
-	Section Corporations	Division of Co		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 HOY 28 AM 8: 08

KRAUS BROTHERS INVESTMENTS, 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 6'16'22	and assigned
Florida document number L22000276026		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" 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 agent and/or the new registered office address here:	nddress on our records, <u>ente</u> r	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	
	F	lorida
New Registered Agent's Signature, if changing Registered Agent:	t, iry	хар Соше
		al
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Type of Action
AR	ROBERT KRAUS	1717 N BAYSHORE DRIVE #1636	□Add
		MIAMI, FL 33132	□Remove
			≡ Change
			🖸 Add
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ffective date, if other than the (an effective date is listed, the date must	the specific and cannot be prio sek does not meet the appli	icable statutory filing require	(optional) 0 days after filing.) Pursuant to 60 ements, this date will not be list	5.0207 ted as
<u>Fote:</u> If the date inserted in this blo				
Sote: If the date inserted in this blo ocument's effective date on the De record specifies a delayed effective	edate, but not an effective	time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day afte	er the
Sote: If the date inserted in this blo locument's effective date on the De record specifies a delayed effective d is filed. JUNE 21	2022	time, at 12:01 a.m. on the ea	rlier of: (b) The 90th day afte	er the
Sote: If the date inserted in this blo locument's effective date on the De record specifies a delayed effective d is filed. JUNE 21	2022	time, at 12:01 a.m. on the ea	rlier of: (b) - The 90th day afte	er the
Note: If the date inserted in this blo locument's effective date on the De record specifies a delayed effective d is filed. Dated JUNE 21	. 2022	time, at 12:01 a.m. on the ea		er the

Filing Fee: \$25.00



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2022 NOV 28 PH 2: 01

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2022

ROBERT KRAUS 1717 N BAYSHORE DRIVE #1636 MIAMI, FL 33132

SUBJECT: KRAUS BROTHERS INVESTMENTS, LLC

Ref. Number: L22000276026

We have received your document for KRAUS BROTHERS INVESTMENTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 122A00022101

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Plesse Note wee paid on Line when regist. but cont find receipt so have 15 \$25 Again Surry.