## 人22000311337

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| (on, outc. Lips: none n)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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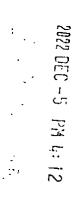
Office Use Only

A. RIVERS FEB 1 4 2023



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## **COVER LETTER**

TO: Registration Section

| Division              | of Corp   | oorations                                    |   |  |
|-----------------------|-----------|--|---|--|
| G&S                   | 5 Family  | Services LLC                                 |   |  |
| SUBJECT:              |           | Name of Lim                                  | ited Liability Company  | <del></del>  |
|                       |           |  |   |  |
| The enclosed Artic    | cles of A | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all co  | orrespon  | idence concerning this matter                | to the following:   |  |
|                       |           | Selena Sebastian                             |   |  |
|                       |           |  | Name of Person  | <del></del>  |
|                       |           |  | Firm/Company  | <del></del>  |
|                       |           | 11728 Gray Rock Trl                          |   |  |
|                       |           |  | Address   |  |
|                       |           | Windermere                                   |   |  |
|                       |           |  | City/State and Zip Code   |  |
|                       |           | selena.maria9403@gmail.co                    |   | Marie Construction   |
| For further inform    | ation co  | neerning this matter, please of              | to be used for future annual report no<br>all:                      | nuncation)   |
| Selena Sebastian      |           |  | 407 398-4511<br>at ( )  |  |
|                       | Name of   | Person                                       | Area Code Dayti   | me Telephone Number  |
| Enclosed is a chec    | k for the | e 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) |
| Mailing A<br>Registra |           |  | Street Address:<br>Registration S                                   | ection   |
| Division              | n of Co   | orporations                                  | Division of Co  | orporations  |
| P.O. Bo<br>Tallahas   |           | 7<br>L 32314                                 | The Centre of 2415 N. Mour  | Tallahassee<br>oe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| G&S Family Services LLC  |  |   |
|--|--|---|
| (Name of the Lin   | nited Liability Company as it now app<br>(A Florida Limited Liability Compan | <u>æars on our records.</u> )<br>y)               |
| Γhe Articles of Organization for this Limited  | Liability Company were filed on  | July 13, 2022 and assigned                        |
| Florida document number L22000311337   | ·  |   |
| This amendment is submitted to amend the fo  | llowing:   |   |
| A. If amending name, enter the new name  | of the limited liability company   | here:   |
| Kroloka LLC  |  |   |
| The new name must be distinguishable and contain the   | words "Limited Liability Company," th  | e designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if appl   | licable:   |   |
|  |  |   |
| Principal office address MUST BE A STRE  | <u> </u>   |   |
|  |  |   |
|  |  |   |
| Enter new mailing address, if applicable:  |  |   |
| Mailing address MAY BE A POST OFFICE   | <u>E BOX)</u>  | ·   |
|  |  | 022   |
|  |  | DEC   |
| 3. If amending the registered agent and/or   |  | r records, <u>enter the name of the new regis</u> |
| agent and/or the new registered office addr  | <u>ress here</u> :   |   |
|  |  |   |
| Name of New Registered Agent:  | Selena Sebastian   |   |
| New Registered Office Address:   | 11728 Gray Rock Trl  | ₩ 20  |
| THE THE PARTY OF T | Enter I  | Florida street address                            |
|  | Windermere   | , Florida   |
|  | 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 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 |
|--------------|----------------|-----------------------|----------------|
| MGR          | Giovanni Bejar | 11728 Gray Rock Trl   |                |
|              | 9              | Windermere, FL, 34786 | ■Remove        |
|              | -              |                       | □ Change       |
|              |                |                       | □Add           |
|              |                | <del></del>           | □Remove        |
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| ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department. | e specific and cannot be prior to do does not meet the applicable |  |                                 |
| cord specifies a delayed effective d<br>s filed.   | ate, but not an effective time,                                   | at 12:01 a.m. on the earli             | er of: (b) The 90th day after t |
| ed   | 7 a.m.  |  |                                 |
|  | Mena Ma   | tattan                                 |                                 |
|  | mature of a member of authorize                                   | d representative of a membe            | r                               |
| 1 2  | $\smile$  | •                                      |                                 |

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Filing Fee: \$25.00