L23000025556

(Requestor's Name)	
(Address)	
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SECRE JARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	ISTRUCTION, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KRZYSZTOF R KRZANO	OWSKI	
		Name of Person	
	KKR CONSTRUCTION.	LLC	
		Firm/Company	
	172 FAIRWAY CIR		
		Address	
	NAPLES FL 34110		
	KKRNAPLES@GMAIL.C	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information	concerning this matter, please concerning	all:	
KRZYSZTOF R KRZA	NOWSKI	239 641 6207	
Name	of Person	at () Area Code Daytin	ne 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)
Mailing Addre		Street Address:	ation
Registration Division of 0		Registration Se Division of Co	
P.O. Box 63.	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KKR CONSTRUCTION, LLC

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

	(A Fiorida Ellinica E	Stability Company;		
The Articles of Organization for this Limited L		were filed on JANI	JARY 12 ,2023	and assigned
Florida document number L23000025556				
This amendment is submitted to amend the fol				
A. If amending name, enter the new name of	of the limited liabi	ility company here	:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	· ROY			
muning address MAT DE ATOST OFFICE	<u> </u>		· · ·	
				-
B. If amending the registered agent and/or:	registered office a	iddress on our rec	ords, enter the name	e of the new registere
agent and/or the new registered office addre	_	iddi ess on our rec	rus, <u>enter the name</u>	tor the new registere
Name of New Registered Agent:	N/A			
New Registered Office Address:		Pagan Elimid	street address	
		Emer Florida	Mileer dauress	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of m provided for in Ch	v duties, and I am fo upter 605, F.S. Or,	amiliar with and 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>	Address	Type of Action
MGR	IRENEUSZ K LUBACZEWSKI	4966 BOLLARD CT, NAPLES FL 34112	■ Add
			□Remove
			□Change
			□Add
			Remove
			□Change
	····		□Add
			Remove
			□Change
			□ Add
			Remove
			□Change
			
			□Remove
			Change
			□Add
			□Remove
			□ Chango

	NI/A
	N/A
:Note	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	