L23000223531

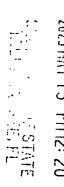
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| • • • • • • • |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dusiness Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| - |
| |
| |
| |

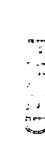
Office Use Only



300408456013

05/15/23--01012--030 ++25.00





COVER LETTER

| SUBJECT: | KROP | 1 LLC. | |
|------------------------------|--|--|---|
| | Name of Limi | ted Liability Company | |
| The enclosed Articles of Ai | mendment and fee(s) are subr | nitted for filing. | |
| Please return all correspond | lence concerning this matter t | to the following: | |
| | Olensar | dr Shatnyi Name of Person | |
| | | | |
| | KROP | 0 LLC | |
| | | Firm/Company | |
| | 1600 Taft | Str. Apt. 841 Address | |
| | Hollywood | Florida 33 | 3020 |
| | ashat. | City/State and Zip Code 14/2 (Q) Granzi L. Co. o be used for future annual report notice | fication) |
| For further information con | cerning this matter, please ca | | , J |
| OLEKS'RM. | od Shutny | at (954) 4 | 197 64 46 5 5 7 7 2 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| ivanic of i | Craon | Area Code Dayiiii | 20 |
| 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) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: | | Street Address: | |

TO:

Registration Section **Division of Corporations**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Articles of Organization for this Limited Liability Company Florida document number | were filed on | <u> 705 2023</u> | and ass | igned |
|---|---|---|---------------------------------------|-----------------------------|
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." | | | | |
| 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 | lity Company," the design | nation "LLC" or the abbrev | iation "L. | L.C." |
| Enter new principal offices address, if applicable: | | | 28 | |
| (Principal office address MUST BE A STREET ADDRESS) | | · · · · · · · · · · · · · · · · · · · | 2,2 | Carriera III d |
| (Trincipul Office unuress MOST BL A STREET ADDRESS) | | <u> </u> | -4 | 1 |
| | | | <u>21</u> | 1 |
| P | | . [1] | _ _ 0 | 4 5 1 5 5 1 1 |
| Enter new mailing address, if applicable: | | <u></u> | 10 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> موند.</u> | 20 | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | address on our recor | ds, <u>enter the name of</u> | the nev | v registere |
| | Enter Florida s | treet address | | |
| | | , Florida | | |
| | City | | lip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office | performance of my provided for in Chap | duties, and I am fami oter 605, F.S. Or, if th | liar wit us docu | h and ment is |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------------------------|--|----------------|
| Manager | Oleksandr Shatnyi | 1600 Taft Sti. Apt 841 | t⊅́Add |
| V | V | 1600 Taft Sti. Apt 841 Hollywood FL 33020 | □Remove |
| | | | □ Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | Remove |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | · · · · · · · · · · · · · · · · · · · | | □Add |
| | | | □Remove |
| | | · | □ Change |
| | | | 🗀 Adđ |
| | | | 🗆 Remove |
| | | | □Change |

| | | | | | | | _ |
|-----------------------------------|---|----------------------------|------------------------|--|--|--------------------------|--------------------|
| <u>-</u> | | | | | | | - |
| | | | | • | | | - |
| | - | | | | | | - |
| | | | | | | | - |
| | | | | | | | _ |
| | | | | | | | _ |
| | | | | | | | _ |
| | | | | | | | |
| · · · · · · | | | | | | | - |
| | | | | | | | - |
| | | | <u>.</u> | | | | - |
| | · | | | | _ | | _ |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | | | - |
| | | | | | · - | | _ |
| | | · - | · | · · | | | - |
| | | | | | | | - |
| Note: If the date in | other than the date histed, the date must be speinserted in this block do ive date on the Departm | oes not meet the app | olicable statutory fil | nore than 90 days after ing requirements, this | onal) filing.) Pursi date will r | uant to 60 tot be lis | 15.0207 ited as |
| record specifies a d is filed. | a delayed effective date, | , but not an effectiv | e time, at 12:01 a.n | o, on the earlier of: (b |) The 90ป | ı day aft | er the |
| ated | | | | | | 263 | |
| rateu | | , _/ | <u> </u> | | . : | 23 KA | |
| | €25 - | | | | • | | |
| | Olem | ture of a mamber or a | uthorized representati | ve of a member | • | -₹. | ·. |
| | <u>Ollery</u> Signat | ture of a member or a Sha | uthorized representati | ve of a member | | Y 15 P | |