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COVER LETTER

TO: Registration So Division of Cor				
KRUSADE SUBJECT:	ER INVESTMENTS, LLC			
3060EC1.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing		
	ondence concerning this matter	_		
	D. Mathew Blackburn			
		Name of Person		
	The Law Office of D. Mat	hew Blackburn		
Firm/Company				
	9800 Pyramid Ct Ste 400			
Address				
	Englewood, CO 80112			
		City/State and Zip Code		
	mathew@dmblackburn.com			
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	flication)	
D. Mathew Blackburn		720 213.6204		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Description Section		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRUSADER INVESTMENTS, LLC

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

y were filed on 06/12/2023 and assigned	1
bility company here:	
illity Company," the designation "LLC" or the abbreviation "LLC."	
address on our records, enter the name of the new reg	
Enter Florida street address	
Florida City Zip Code	
<u>b</u>	lity Company." the designation "L.E.C." or the abbreviation "L.E.C." Company." the designation "L.E.C." or the abbreviation "L.E.C."

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
AMBR	RISE & GRIND, LLC	924 JEFFERY ST	□Add
		BOCA RATON, FL 33487	■Remove
			Change
AMBR RISE & GRIND, INC	RISE & GRIND, INC	924 JEFFERY ST	■Add
		BOCA RATON, FL 33487	
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			Remove
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated _______. 2023 ______. N, h Roldshaffgnature of a member or authorized representative of a member Nik Robbins, Manager Typed or printed name of signee