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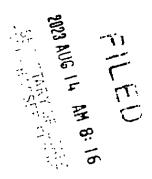
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LLC N/C Amend



A. RAMSEY SEP -1, 2023

COVER LETTER

.

Tallahassee, FL 32314

TO:

TO:	Registration Se Division of Cor			
SURIF	cr. Je	rri Kruep Rece Name of Limi	1 Estate, LLC	
SOBIL	CI	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		indence concerning this matter		
		Je	Name of Person	
			Firm/Company	
		16202 M	virfield Dr. Address	
			ssa, FL 33551	<u></u>
		ikruep 9@	City/State and Zip Code Gmail Com to be ised for future annual report notification.	
For furt	her information c	E-mail address: (I		fication)
	Jerri K Name o	ruep r Person	at (813) 499 Area Code Daytime	5.1442 e Telephone Number
Enclose	d is a check for th	ne following amount:		
⊠\$ 25	5.00 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 Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Terri Kruep † (Name of the Limited Liability C (A Florida Lin	Real Estat	e, LLC	, 2023 AUG 14 AM 8: 10
(Name of the Limited Liability C (A Florida Lin	lompany as it now appe mited Liability Company	ars on our reco	ords.
The Articles of Organization for this Limited Liability Com			
Florida document number <u>L23000294158</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company	here:	
Terri Kruep, LLC The new name must be distinguishable and contain the words "Limited			
he new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u></u>		
	-		
Enter new mailing address, if applicable:		·	
Mailing address MAY BE A POST OFFICE BOX)		·	
B. If amending the registered agent and/or registered of	ffice address on our	records, ent	er the name of the new registe
gent and/or the new registered office address here:			
Name of New Registered Agent:	 	····	
New Registered Office Address:			
	Enter Florida street address		
			Florida
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		

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
.			□Add
			□Remove
			☐ Change
			□ Add
			Remove
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amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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n effec ote: I	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
is fīle	
ted _	Quyust 4 . 2023 . Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Terri Kruep Typed or printed name of signee
	Larry Kryna