### L23000379236

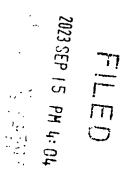
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500415711475

09/15/23--01011--010 \*\*25.00







# \*\*\*IMPORTANT NOTICE\*\*\*

# PLEASE SEND ALL DOCUMENTS – APPROVED OR REJECTED TO THE ADDRESS BELOW.

## INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

**OR** 

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Thursday, August 31, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: KRAFTY AF INSTALATIONS, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

### Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

#### **COVER LETTER**

∠TO:

Registration Section

Tallahassee, FL 32314

...

Division of Corpor	rations		
SUBJECT: KRAFTY A	FINSTALATIONS LI	С	
SUBJECT. NIMITI A	Name of Limit	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
		1. 14.2 1	d
	Corpora	ate Maintenance Lea	<u>aa</u>
		Name of reison	
	Proce	essing Department	
		Firm/Company	
	1	450 Vassar St	
	<del></del>	Address	
		Reno NV 89502	
		City/State and Zip Code	
•	E-mail address: (t	o be used for future annual report notifi	ication)
For further information con-	cerning this matter, please ca	ill:	
Processin	g Department	at (800 ) 638-2320	
Name of Po	<u> </u>	Area Code Daytime	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)
Registrati Division P.O. Box		STREET/COURI Registration Section Division of Corpor Clifton Building	ations
Processin  Name of Po  Enclosed is a check for the second	E-mail address: (to cerning this matter, please can be performed to be perform	Address  Reno, NV 89502  City/State and Zip Code  o be used for future annual report notified:  at (800   638-2320   Daytime  Daytime  STREET/COURI Registration Section Division of Corpor	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TALATIONS, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on 08/11/23	and assigned
Florida document number L23000379236		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
KRAFTY AF INST	ALLATIONS, LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	· ~ ~
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- <del> </del>
		<u>у</u> У
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records,	enter the name of the new
registered agent and/or the new registered office address be		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
		-	☐ Change
			□ Remove
			□ Change
<del></del>			□ Add
			Remove
			Change
			Add
			Remove
			□ Changa

11 ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
-	
Note	tive date, if other than the date of filing:    N/A
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
Date	8/3//23.
	W.M.
	Signature of a member or authorized representative of a member
	Kyle Warner
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00