

L2300097200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

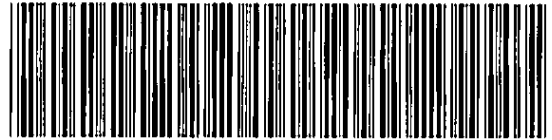
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

JUN 13 PM 2:00

FILED

06/13/24

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: PORT KINGS INTERNATIONAL LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARANSH SHARMA  
Name of Person  
SFT GROUP INC  
Firm/Company  
700 S ROSEMARY AVE, STE 204  
Address  
WEST PALM BEACH, FL - 33401  
City/State and Zip Code  
info @ sftgroup .ci  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL  
JAN 13 11:13 PM '00

For further information concerning this matter, please call:

SARANSH SHARMA at ( 917 ) 528-0694  
Name of Person 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)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
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**

PORT KING'S INTERNATIONAL LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/13/2023 and assigned Florida document number L23000472200.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KRIZAR LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

700 S. ROSEMARY AVE  
STE 204  
WEST PALM BEACH, FL 33401

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Same as above

**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 here:**

**Name of New Registered Agent:**

SARANSI SHARMA

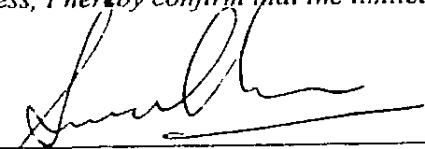
**New Registered Office Address:**

700 S ROSEMARY AVE, STE 204  
Enter Florida street address

WEST PALM BEACH, Florida 33401  
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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SHARMA, SARANSH	700 S. ROSEMARY AVE	<input type="checkbox"/> Add
		STE 204	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL-33401	<input checked="" type="checkbox"/> Change
AMBR	SHIVDASANI, ARPANA	700 S. ROSEMARY AVE	<input type="checkbox"/> Add
		STE 204	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL -33401	<input checked="" type="checkbox"/> Change
AMBR	SFT GROUP INC	700 S. ROSEMARY, AVE	<input type="checkbox"/> Add
		STE 204	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL - 33401	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
 TALLAHASSEE, FL  
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 2300

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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TALLAHASSEE, FL  
JUN 11 13 PM 2:00

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**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 06/08/2024

Signature of a member or authorized representative of a member

ARPANA SHINDASANI

Typed or printed name of signee