

L2300097200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

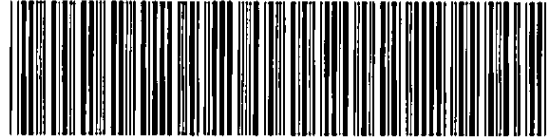
(Business Entity Name)

(Document Number)

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06/13/24--01024--002 **25.00

FILED
JUN 13 PM 2:00
CLERK OF STATE
TALLAHASSEE, FL

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 .ai

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARANSH SHARMA

Name of Person

at (917)

Area Code

528-0694

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

RECEIVED
TALLAHASSEE, FL
JAN 13 PM 2:00

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

PORT KINGS 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

City

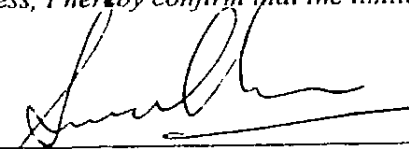
Florida

33401

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
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2024 JUN 13 PM 2:00
CLERK OF STATE
TALLAHASSEE, FL
ED
Remove

2024 JUL 13 PM 2:00
CLERK OF STATE
TALLAHASSEE, FL

ED
25 JUN 79 13 PM 2:00
LEGATARY OF STATE
TALLAHASSEE, FL

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.

Dated 06/08/2024, April

 Signature of a member or authorized representative of a member

 ARPANA SHINDASANI

 Typed or printed name of signee