

L23000503437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

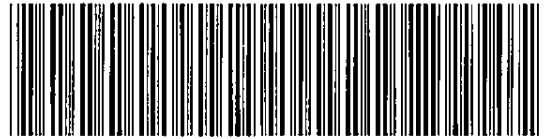
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02/22/24

FILED
2024 FEB 22 PM 2:08
SECRETARY OF STATE
CLERK OF COURT



Corsaro & Associates
A Legal Professional Association

28039 Clemens Road
Westlake OH 44145

(440) 871-4022/Telephone
(440) 871-9567/Facsimile

February 8, 2023

CERTIFIED MAIL

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

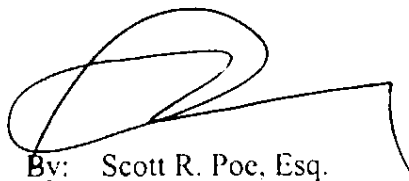
Re: Articles of Amendment to Articles of Organization for Krown
Development, LLC
Entity ID: L23000503437

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Organization for Krown Development, LLC and a check in the amount of Twenty Five Dollars (\$25.00), representing the filing fee. Please process and provide certificates of filing at your earliest convenience.

Please contact me with any questions. Thank you for your assistance in this matter.

Sincerely,
COR SARO & ASSOCIATES CO., LPA



By: Scott R. Poe, Esq.

SRP/mls
Enclosure

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

Krown Development, LLC

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

FILED
2024 FEB 22 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 6, 2023 and assigned
Florida document number L23000503437.

This amendment is submitted to amend the following:

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

Krown Capital, 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)

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 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 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

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

(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)

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.

X

Steven P. Habansky

Typed or printed name of signee

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