Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000388261 3)))



H240003852613ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KRN PROPERTIES BY MELENA COSTELLO LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

11/22/2024_06:14:23 P.ST To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRN Properties by Melena	Costello LLC
(Name of the Limited Lie (A F)c	ability Company as it now appears on our records.) orda Limited Liability Company)
The Articles of Organization for this Limited Liabilite Florida document number L24000020313	
his amendment is submitted to amend the following	g :
A. If amending name, enter the new name of the	limited liability company here:
K&R National 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 AL	ODRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2
agent and/or the new registered office address her	ered office address on our records, enter the name of the new registere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address P. Florida
_	City Ap Code
New Registered Agent's Signature, if changing Regist	fered 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.

11/22/2024 £6:14:23 PST To: 18506176383 Page: 3/4 Fax: 8134365206

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	
$\Delta MBR =$	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		***************************************	□Remove
			□Change
			🗀 Add
			□Remove
		 	□Change
			🗆 Add
		,	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			[]Change
			∐Add
			□Remove
			□("hange

11/22/2024 ₄ 06:14:23 PST To: 18506176383 Page, 4/4 Fax: 81343	/2024,06:14:23 PST	To: 18506176383	Page, 4/4	Fax: 813436520
---	--------------------	-----------------	-----------	----------------

o, ii amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	· · · · · · · · · · · · · · · · · · ·
-	

Note: If the	late, if other than the date of filing:
the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated No	vember 22nd 2024
	Signature of a member or authorized representative of a member
	Robin Jones
	Lyped or printed name of signee