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(Requ	uestor's Name)	
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(City/s	State/Zip/Phoni	e #)
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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COVER LETTER

		ation Secti n of Corpo				
		RAVING CA	ARS LLC			
SUBJEC	т:		Name of Lim	ited Liability Company		····
The enclo	sed Ar	ticles of An	nendment and fee(s) are sub	mitted for filing.		
Please ret	um all	correspond	ence concerning this matter	to the following:		
			LUZ BRUNO			
				Name of Person		******
			KRAVING CARS LLC			
				Firm/Company		
			102 WINSTON MANOR	CIR		
				Address		
			SEFFNER FL 33584			
				City/State and Zip Code		
		<u>-</u>	KRAVINGCARS@GMAII			
			E-mail address: ()	to be used for future annual r	report notification)	
For furthe	r infor	mation conc	erning this matter, please ca	ıII:		
LUZ BRI	UNO			813 919	9-9787	
		Name of Po	erson	Area Code	Daytime Teleph	one Number
Enclosed:	is a che	eck for the f	following amount:			
\$25.0	00 Filin	g 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

any as it now appears on our records. Liability Company))
were filed on	and assigned
oility company here:	
ility Company," the designation "LLC"	or the abbreviation "L.L.C."
<u> </u>	
address on our records, <u>enter t</u>	he name of the new regist
Finter Florida streat address	
, Flor	rida Zin Code
	address on our records, enter t

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>	Address	Type of Action
MGR	BRIAN BARRETT	102 WINSTON MANOR CIR.	□Add
		SEFFNER FL 33584	Remove
			□Change
			□∧dđ
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Add
		-1,3-11-1-1	□Remove
			□Change
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			□Remove ·
			□Change
			□Add
			Remove

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			•
ective date, if other than	the date of filing:	1	(optional)
enective date is listed, the date enective date in the	must be specific and cannot be prior t is block does not meet the applica	o date of filing or more than 90 ble statutory filing requiren	days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
	ne Department of State's records.		
cord specifies a delayed effe	ctive date, but not an effective tin	ne, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
s filed.			
	2024		
May 20th	2024		
ed May 29th		 '	
ed May 29th	?	 ·	

Typed or printed name of signee