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2024 BCT -1 PM 1: 05

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COVER LETTER

(1111 112 C)	-			
SUBJECT	l:	Name of Lin	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please rett	ırn all correspo	ondence concerning this matter	to the following:	
		LUZ BRUNO		
			Name of Person	
		KRAVING CARS LLC		
Division of Corporations KRAVING CARS LLC SUBJECT: 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: LUZ BRUNO Name of Person				
			Name of Limited Liability Company Address: KRAVING CARS LLC SEFFNER FL 33584	
		SEFFNER FL 33584		
			City/State and Zip Code	
		KRAVINGCARS@GMAI	L.COM	
		E-mail address: (to be used for future annual report notif	fication)
For further	information c	oncerning this matter, please c	all:	
1.1	JZ BRUNO			
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$ \$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
_				ction
D	Division of C	orporations	Division of Cor	porations
	'.O. Box 632 `allahassee, l			allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

KRAVING CARS LLC

2024 OCT -1 PM 1: 05

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	CORDARY OF STATE
The Articles of Organization for this Limited Liability Company Florida document number 1.24000227480		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 agent and/or the new registered office address here:	address on our records, e	nter the name of the new register
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street a	ddress
	Enter Florida street a	ddress , Florida Zip Code

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 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	ROSA WILSON	8221 MIDNIGHT SUN CT.	Add
		RIVERVIEW FL 33578	□Remove
*****			DAdd
		 	□Remove
			Change
			□Add
			Remove
		. <u></u>	☐ Change
			□Add
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Effective date, if other than the date of filing: ((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 605.028 Note: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. 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 cord is filed. Dated Scalender 24 . 2024. Signature of a member or authorized representative of a member				
ffective date, if other	than the date of filing:		(optional)	ana /a
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Typed or printed name of signee