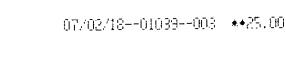
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(Re	questor's Name)	
(Add	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only





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COVER LETTER

TO: Registration Secti Division of Corpo				
	IVESTMENTS, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter t	o the following:		
	ORESTES LOPEZ-RECI	0		
		Name of Person	-	
KLOR 210 INVESTMENTS, LLC				
		Firm/Company		
	5895 SW 32 ST			
	,	Address		
	MIAMI, FLORIDA 33155			
	City/State and Zip Code			
	OLLR@AOL.COM			
		o be used for future annual report noti	fication)	
For further information con-	cerning this matter, please ca	III:		
ORESTES LOPEZ-RECI	o	305 360-2836		
Name of P	erson		e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KLOR 210 INVESTMENTS, LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L16000115944	Company were filed on 06/15/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	THE PRINCE STATE OF THE STATE O
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the s ldress 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

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	Alexandra Ruth Lopez-Recio	5895 SW 32 St	Add
		Miami, Fl 33155	Remove
			☐ Change
mgr	Danielle Lopez-Recio	5895 SW 32 St	≅ Add
		Miami, FI 33155	Remove
			☐ Change
			Add Add
			Remove Remove
			□ Add
			□ Remove
			Change
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			☐ Change
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ctiv	e date, if other than	the date of filing:			(optional)	
effec	ctive date is listed, the date If the date inserted in thi	must be specific and c	annot be prior to d	ate of filing or more that extatutory filing requ	m 90 days after filing tirements, this date	.) Pursuant to 605.02 will not be listed
imei	nt's effective date on the	is block does not file the Department of Sta	ite's records.	statutory rining requ	mements, this date	will not be listed
		•				
ecc	ord specifies a dela 90th day after the	iyed effective da record is filed	ite, but not a	n errective time,	at 12:01 a.m.	on the earlier
16 3	our day arter the	record is fried.				
	LINE 27		2018			
d_	UNE 27		A-1-A-	1.		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00