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| (Requ                        | estor's Name)      |        |
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| PICK-UP                      | ☐ WAIT             | MAIL   |
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| Certified Copies             | Certificates of    | Status |
| Special Instructions to Fili | ng Officer:        |        |
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## **COVER LETTER**

| TO:                      | Registration Se<br>Division of Cor |                                              |                                                                     |                                                                                            |  |
|--------------------------|------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|
| SUD IE                   | Kelly E. Kl                        | iewer, LLC                                   |                                                                     |                                                                                            |  |
| SUBJEC                   | <b>∠1:</b>                         | Name of Lim                                  | ited Liability Company                                              | <del></del>                                                                                |  |
| The encl                 | osed Articles of                   | Amendment and fee(s) are sub                 | mitted for filing.                                                  |                                                                                            |  |
| Please re                | eturn all correspo                 | ondence concerning this matter               | to the following:                                                   |                                                                                            |  |
|                          |                                    | Kelly E Kliewer                              |                                                                     |                                                                                            |  |
|                          |                                    |                                              | Name of Person                                                      | <del></del>                                                                                |  |
|                          |                                    | Kelly E. Kliewer, LLC                        |                                                                     |                                                                                            |  |
|                          |                                    |                                              | Firm/Company                                                        | <del> </del>                                                                               |  |
|                          |                                    | 8631 NW 82nd Street                          |                                                                     |                                                                                            |  |
|                          |                                    |                                              | Address                                                             | <del></del>                                                                                |  |
|                          |                                    | Tamarac FL 33321                             |                                                                     |                                                                                            |  |
|                          |                                    |                                              | City/State and Zip Code                                             | <del></del>                                                                                |  |
|                          |                                    | kellykliewer@gmail.com                       |                                                                     | THE THE A                                                                                  |  |
| For furth                | ner information c                  | oncerning this matter, please c              | to be used for future annual report nall:                           | otification)                                                                               |  |
| Kelly E                  | Kliewer                            |                                              | 404 956-6779                                                        |                                                                                            |  |
|                          | Name o                             | f Person                                     |                                                                     | ime Telephone Number                                                                       |  |
| Enclosed                 | d is a check for t                 | he following amount:                         |                                                                     |                                                                                            |  |
| <b>\$</b> 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       |                                              | Street Address:<br>Registration S                                   |                                                                                            |  |
| Division of Corporations |                                    | Division of C                                | Division of Corporations                                            |                                                                                            |  |
|                          | P.O. Box 632                       |                                              | The Centre of                                                       |                                                                                            |  |
|                          | Tallahassee,                       | FL 32314                                     | 2415 N. Mon                                                         | roe Street, Suite 810                                                                      |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kelly E. Kliewer, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{8/23/2017}{1}$ Florida document number L17000180237 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6191 Petaluma Drive Enter new principal offices address, if applicable: Boca Raton, FL 33433 (Principal office address MUST BE A STREET ADDRESS) 6191 Petaluma Drive Enter new mailing address, if applicable: Boca Raton, FL 33433 (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

## 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.

City

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 |
|--------------|-------------|-------------|----------------|
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| (If an effecti Note: If t | date, if other than the date of filing:                                                                                   |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------|
| ne record spord is filed. | pecifies 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                     | <del></del>                                                                                                               |
|                           | Koron & Kliener                                                                                                           |
|                           | Signature of a sampler or authorized representative of a member                                                           |
|                           | Signature of a member or authorized representative of a member                                                            |