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D SCOTT OCT 12 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Klein O Kids LC 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:	
Margarett Klein Name of Person	-
HOW O KILL CLC Firm/Company	-
3720 Cortis Blyd Ste 110	-
Cocca Fl 35436 City/State and Zip Code	-
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	26 TI
MARGUETT VIOLA at 301 480. 7607 States Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	D 2: 39
(additional copy is enclosed) Certified	ate of Status &

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

ed 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 8237 and assigned Florida document number <u>117</u> 006 180333 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 "LLC." 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 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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Man AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(MGR)		Cocon F1 32926	□ Remove
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Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t) The 90th day after the record is filed.	the earlier of:
Dated 10/4/17	
	67000000 67700000
Signature of a member or authorized representative of a member	Lews

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00