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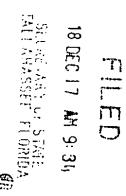
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	KLENE SU	PREME LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ENVIR VALERA		
			Name of Person	
		KLENE SUPREME LLC		
			Firm/Company	
		859 OKALOOSA AVE		
			Address	
		ORLANDO. FL 32822		
			City/State and Zip Code	
		envir@klenesupreme.com		
		E-mail address: (to be used for future annual report noti-	fication)
For further is	nformation co	oncerning this matter, please ca	alt:	
ENVIR VA	LERA		305 7996211 at ()	
	Name of	l Person	at ()	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 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

KLENE SUPREME LLC				
(Name of the Limited Lia (A Flo	bility Compa rida Limited I	ny as it now appears on our r Jiability Company)	ecords.)	
he Articles of Organization for this Limited Liabilit lorida document number	y Company	were filed on	ar	nd assigned
his amendment is submitted to amend the following	;·			
. If amending name, enter the new name of the	imited liab	ility company here:		
ne new name must be distinguishable and contain the words "	Limited Liabil	lity Company," the designation	"LLC" or the abbreyiati	
nter new principal offices address, if applicable:		859 OKALOOSA AVE		- œ - 异
Principal office address MUST BE A STREET AD		ORLANDO, FL 32822	70.8	<u> </u>
			Un int ng mi	7
			. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		859 OKALOOSA AVE	95	<u>و</u>
		ORLANDO, FL 32822		
				<u></u>
. If amending the registered agent and/or registered agent and/or the new registered office a	•		cords, <u>enter the n</u>	ame of the
Name of New Registered Agent:	VIR VALE	RA		
New Registered Office Address: 85	9 OKALOOS	SA AVE		
		Enter Florida street a	address	
OF	RLANDO		_, Florida <u>32822</u>	
		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
AMBR	CRUZ ANDREA		🖸 Add
		2882 QUANTUM LAKES DR BOYNTON BEACH, FL 33426	■ Remove
			Change
MGR	ENVIR VALERA	859 OKALOOSA AVE ORLANDO, FL 32822	Add
			□ Remove
		A	Change
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		下と こ の 記	Remover S S Change
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory for cument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant t filing requirements, this date will not be	o 605.03 e listed
record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:01 a.m. on the e	arlier
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Page 3 of 3

Filing Fee: \$25.00