8/17/23, 11:49 AM

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000285921 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KLEIN INTERIORS, LLC

Certificate of Status	0
Certified Copy	Ú
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

AUG 1 9 2023

K. Brumble

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION.

\cdot)F	•	
VI CALINEUMORO I A		· ·	
KLEIN INTERIORS LLC			
(A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 03/08/2018	and assigned	
Florida document number L18000061472			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	nility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	dity Company." the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	460 NE 28th ST AP1 #604		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33137		
Enter new mailing address, if applicable:	460 NE 28th ST APT #604		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33157		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered	
Name of New Registered Agent:		بن (۱۰ ا	
New Registered Office Address:		(A)	
New Registered of thee Address.	Enter Florida street address	次次 J FS	
	, Florida _	7 2 2	
	City	Hip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	0.8	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. O	n familiar with and r, if this document is	

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 = AMBR =	Manager Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
~			:TAdd
			Remove
			□Change
			DAdd
			□Remove
			LbAd.
			□Remove
			□ Change
			DAdd
		□Remove	
			DAdd
			□Remove
			□Change

Page: 5 of 5

From: TAXLEAF.COM INC CONTADORAMERICA.

 ,	• • • • • • • • • • • • • • • • • • • •				
					
	·				

		•			·
					·
					·

- 16 - de 1649 de -	, profession beautiful and a definitive to the				
Effective dat	e, if other than t	he date of filing:		(optional	1)
Note: If the d	late inserted in this	nust be specific and cannot block does not meet th Department of State's	e applicable statutory ti	more than 90 days after filin ling requirements, this dat	g.) Pursuant to 605.0207 e will not be listed as
e record specif rd is filed.	lies a delayed effec	tive date, but not an eff	ective time, at 12:01 a.s	n, on the earlier of: (b)	he 90th day after the
Dated <u>AUGU</u>	ST 15TH	<u> </u>	<u>3</u> .		
		M_{Λ}			
		Signature of a member	or authorized representat	ive of a member	

Typed or printed name of signee