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### **COVER LETTER**

TO: Registration Sc Division of Cor			•
SUBJECT:	JO45	EPH K451, ited Liability Company	NLLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Joss P4 K	(451)
		Name of Person  LASCIH KLE Firm/Company	SIN LLC
		4505 MAILY	5N 57 5 37021
			2 37021
	E-mail address: (	to be used for future annual report noti	lication)
For further information c	oncerning this matter, please ca	all:	,
Journal Name o	F K 45 IN	at ( <u>365</u> ) <u>75</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on	1/1/16	signed
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 design	nation "LLC" or the abbreviation "l	L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	18	15 C
	-	
Enter new mailing address, if applicable:	8	사무 기구 기구
(Mailing address MAY BE A POST OFFICE BOX)	Ģ	100 100 100 100 100 100 100 100 100 100
<u> </u>	:35 5	쥿
B. If amending the registered agent and/or registered office address on ou registered agent and/or the new registered office address here:  Name of New Registered Agent:	r records, <u>enter the name</u>	of the ne
New Registered Office 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

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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
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	KLEIN	Horywood, FL 3700	Remove
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Filing Fee: \$25.00