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C. GOLDEN AUG 2 3 2019

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: KLIP, LLC	
Name of Limited Liability Company	
l	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Chaistos Chaistidis	
isame of Person	
So Mia Firm/Company	
2125 NE 40t 2d	
Hamestead, FL 33033 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Nicko Christidis Name of Person Name of Person Area Code Davime Telephone Number	!
Name of Person Area Code Daytime Telephone Number	
Inclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &
	ļ.

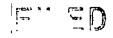
MAILING ADDRESS:

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



2019 AUG 14 AM 8:48

KLIP. LLC	, 1
(Name of the Limited Liab (A Flori	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 05 21/23/8 and assigned
Florida document number <u>L18000/266</u>	<u>Y</u> .
This amendment is submitted to amend the following:	1
A. If amending name, enter the new name of the lin	ited liability company here:
The new name must be distinguishable and contain the words "Li	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:	tered office address on our records, enter the name of the new ress here:
-	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	1
provisions of all statutes relative to the proper and accept the obligations of my position as registered (and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ad office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed (Authorized Person(s) authorized to ma from our records:	nage, enter the title, name, and address of e	ach person being added
MGR = Ma AMBR = At	anager uthorized Member	·	
<u>Title</u>	Neston A Penez	<u>Address</u> Po Bo x 770 791	Type of Action
MGR	Nestor A Terez		Add
		MiAni, FL 33177	☐ Remove
			☐ Change
			🖸 Add
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If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed. Dated August 2019 Signature of a member or authorized representative of a member.	If amending any other information, enter change(s) here: (Attach additional sheets, if n	··
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Dated August 12 2019 Signature of a member or authorized representative of a member	(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note : If the date inserted in this block does not meet the applicable statutory filing requirements.	after filing.) Pursuant to 605.0207
Signature of a member or authorized representative of a member	the record specifies a delayed effective date, but not an effective time, at 12:0) The 90th day after the record is filed.	1 a.m. on the earlier of
	Dated August 12 2019	
	Signature of a mambar or authorized representative of a mambar	
	Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00