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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	egistration Se ivision of Cor			
SUBJECT	KLARSYN			
NO BJEC 1			ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		PETTER SYSE		
			Name of Person	
		KLARSYN LLC		
		 	Firm/Company	
		350 SE 11TH STREET		
			Address	
		POMPANO BEACH, FL	33060	
			City/State and Zip Code	
		PSSYSE@GMAIL.COM	to be used for future annual report not	(figation)
For further	information c	oncerning this matter, please c		car(),
PETTER S	SYSE		954 261 1622	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
<u>i.]</u> \$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		<u>Street Address:</u> Registration Sc	ection
		ornorations	Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A)	iability Compa Ilorida Limited l	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liabilifornida document number L18000235138	lity Company	were filed on OCTBE	ER 4, 2018	and assigned
This amendment is submitted to amend the following	n g :			
A. If amending name, enter the new name of the	e limited liab	ility company here:		
CLARSYN LLC				
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the design	ation "LLC" or the abbrevia	ition "L.L.C."
nter new principal offices address, if applicable:		350 SE 11TH STREET		
Principal office address MUST BE A STREET A	POMPANO BEACH, FL 33060			
nter new mailing address, if applicable:		350 SE HTH STREET		
Mailing address MAY BE A POST OFFICE BO.	POMPANO BEACI	I, FL 33060		
3. If amending the registered agent and/or registered office address h			ds, <u>enter the name of</u> t	4.0
Name of New Registered Agent:		-	<u></u>	
New Registered Office Address:	350 SE 11TH STREET		777 2:	
		Enter Florida s	treet address	5
F	POMPANO BI	EACH	, Florida <u>33060</u>	
_	-	City	Zi	p Code

New Registered Agent's Signature, if changing Registered Agent:

KLARSYN 3D LLC

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>	Name	Address	Type of Action
			□Add
			□ Велюче
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record specifies a delayed effect d is filed.	ive date, but not an effective tin	ne, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
AUGUST 9	2021		
-u.cu		- <i>'</i>	

Typed or printed name of signee