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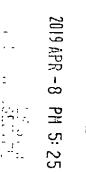
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Klein DORF International LoL.C. Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| EMMA Q. RiUT |
| Name of Person |
| Firm/Company |
| 11226 NW 50Th Terrace. |
| |
| DORAL FL. 33178 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: |
| EMMA C. R. of Person at (786) 4731012. Name of Person Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Solution Sol |

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**

| | TO | | 3. A |
|---|---|--------------------------------|-----------------------|
| ARTIC | CLES OF ORGANIZ | LATION | 20 10 |
| , . | OF | | |
| Kleind | ORF INTERN | rational L.L | C. P. S. C. |
| (Name of the Limited (A | Liability Company as it now as Florida Limited Liability Compa | ny) | 3. |
| The Articles of Organization for this Limited Liab | pility Company were filed or | n 12-24-20 | 218 and assigned |
| Florida document number <u>L 18000293</u> | <u>004</u> . | | |
| This amendment is submitted to amend the follow | ring: | | |
| A. If amending name, enter the new name of the | he limited liability compar | ıv here: | |
| | | | |
| The new name must be distinguishable and contain the word | ds "Limited Liability Company." | the designation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | ole: | | |
| (Principal office address MUST BE A STREET. | ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | | |
| | | | |
| B. If amending the registered agent and/or | registered office addres | s on our records, enter | r the name of the new |
| registered agent and/or the new registered office | | s on our records, enter | the name of the new |
| | | a 7 : + | |
| Name of New Registered Agent: | <u> </u> | C. KIUI | |
| New Registered Office Address: | | 50Tw ger, | <u> </u> |
| | Ente | r Florida street address | 72170 |
| | City | , Florida _ | 201/8 Zio Code |
| | Zily | | edy course |

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 extramoved from our records:

MGR = Manager AMBR = Authorized Member **Title Address** Type of Action <u>Name</u> 11226 NW 50 TW TER, DORAL DAD CHAWAN GARABET AHBR ______ Remove □ Change RIVASTINOCO OMAIRA 1/226 NW50 Ver DORDL OADD ☐ Change AMBR RIVAS TINOCO WILLIAM 11226 NW 50th Ter. DORAL - Add Remove □ Change AMBR. RIUT EMMA 11226 NW 50th Fer DORAL - Add Remove □ Change Rivas Tinoco William 1/226 NW 50TW Fer DORDL - Add FL. 33178 **√2** Remove

| M6R | CHAWAN GARABET | 11226 NW EDTA TER DORAL B3/18 | |
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| an effe ote: | ve date, if other than the date of filing: |
| rec | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| ited _ | 04/April 2019. Baroful |
| | E MORE TOURS |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00