

L19000211566

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN
Account Number : 076077001654
Phone : (813) 273-4229
Fax Number : (813) 273-4396

2018 OCT -3 PM 12:50

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

Email Address: FLARTANPA@MACFAR.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FKI VENTURES, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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19 OCT - 3 PM 12:50

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FKJ Ventures, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8.19.2019 and assigned Florida document number L19000211565.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

F.K. Investment Co., LLC

The new name must be distinguishable and comply with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2134 Sunnydale Boulevard

(Principal office address MUST BE A STREET ADDRESS)

Clearwater, FL 33765

Enter new mailing address, if applicable:

2134 Sunnydale Boulevard

(Mailing address MAY BE A POST OFFICE BOX)

Clearwater, FL 33765

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

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 all 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

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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

Title	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

19 OCT -8 PM 11:00

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D. If amending any other information, enter change(s) here: Attach additional sheets, if necessary.

19 OCT -8 11:11

E. Effective date, if other than the date of filing: _____ (optional)
 If an effective date is listed, the date may be specific and occur on the date of filing, or more than 90 days after filing. Pursuant to 22C 1-202, the date of filing is the date of the record. If the date included in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (a) The 90th day after the record is filed.

Date: October 4 2019

_____ *[Signature]* _____
 Director of the Department of State

_____ *[Signature]* _____
 Notary Public

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 Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

F.K. INSTRUMENT CO., INC.
2134 Sunnydale Boulevard
Clearwater, Florida 33765

October 4, 2019

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

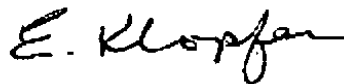
Re: Name Association Consent Letter

Dear Sir/Madam:

I, Erich A. Klopfer, as President of F.K. Instrument Co., Inc., Document Number 582372, which is changing its name on this date to Klopfer Holdings, Inc., do hereby give express consent to Justin Flood, Authorized Representative of FKI Ventures, LLC, for the use of the name F.K. Instrument Co., LLC in Florida.

In the event the above-referenced name change filing is not processed prior to this filing, I hereby further give express consent to Justin Flood, Authorized Representative of FKI Ventures, LLC, for the filing of the Articles of Amendment to Articles of Organization attached hereto realizing that the company is changing its name in Florida to the same name as F.K. Instrument Co., Inc.

Very truly yours,



Erich A. Klopfer
President

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