## 119000236131

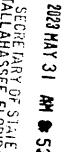
| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | idress)            |           |
| (Cit                    | iy/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

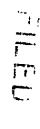
Office Use Only



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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

| KLEM PR                                | ODUCTS LLC  |   |   |  |
|--|---|---|---|--|
| SUBJECT:                               | Name of Lim                                       | ited Liability Company  |   |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                      | mitted for filing.  |   |  |
| Please return all corresp              | ondence concerning this matter                    | to the following:   |   |  |
|  | CARICOLA, MARIO                                   |   |   |  |
|  |   | Name of Person  | <del></del>   |  |
|  | KLEM PRODUCTS LLC                                 |   |   |  |
|  | -   | Firm/Company  |   |  |
|  | 63 BENEDICT CANYON                                | LOOP  |   |  |
|  | Address   |   |   |  |
|  | THE WOODLANDS, TX                                 | 77382   |   |  |
|  |   | City/State and Zip Code   |   |  |
|  | mariocaricola@gmail.com                           |   |   |  |
|  | E-mail address: (                                 | to be used for future annual report not                             | ification)  |  |
| For further information                | concerning this matter, please c                  | all:  |   |  |
| CARICOLA, MARIO                        |   | 305 5489543<br>at ( )   |   |  |
| Name                                   | Name of Person Area Code Daytime Telephone Number |   | ne Telephone Number   |  |
| Enclosed is a check for                | the 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| <u>Mailing Addre</u><br>Registration   | Section   | Street Address:<br>Registration Se                                  |   |  |
| Division of Corporations               |   | Division of Corporations The Centre of Tallahassee                  |   |  |
| P.O. Box 6327<br>Tallahassee, FL 32314 |   |   | 2415 N. Monroe Street, Suite 810  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lim   | ited Liability Company as<br>(A Florida Limited Liabil | s it now appears on our records<br>lity Company) | <u>.</u> )                  |
|--|--|--|-----------------------------|
| The Articles of Organization for this Limited I  | .iability Company wer                                  | e filed on <u>09/18/2019</u>                     | and assigned                |
| This amendment is submitted to amend the fol   | lowing:  |  |                             |
| A. If amending name, <u>enter the new name</u>   | of the limited liability                               | company here:                                    |                             |
| The new name must be distinguishable and contain the                                       | words "Limited Liability C                             | ompany," the designation "LLC"                   | a                           |
| Enter new principal offices address, if appli  | cable:   |  | 2023<br>SEC<br>TALL         |
| Principal office address MUST BE A STREET ADDRESS)   |  |  | ARR AR TI                   |
|  |  |  | SSEC                        |
| Enter new mailing address, if applicable:  |  |  | FSI &                       |
| Mailing address MAY BE A POST OFFICE BOX)  |  |  | 1 STANE 53                  |
|  | _  |  |                             |
| 3. If amending the registered agent and/or<br>agent and/or the new registered office addre | 4  | ess on our records, <u>enter t</u>               | the name of the new registe |
| Name of New Registered Agent:  | TAX ADVISORS C   | DF FLORIDA LLC                                   | <u></u>                     |
| New Registered Office Address:   | 11402 NW 41 ST SI                                      | UITE 210   |                             |
|  |  | Enter Florida street address                     |                             |
|  | DORAL  |  | rida <u>33178</u>           |
|  |  | City   | 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 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
|              |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         | □Change        |
|              |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         |                |
|              |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         | □ Change       |
|              |             | ·*·     | □Add           |
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|              |             |         | □ Change       |
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|              |             |         | □Change        |
|              |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         | □ Change       |

Typed or printed name of signee

CARICOLA, MARIO