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JAN 08 2020 C MCNAIR

COVER LETTER

TO: Registration Section Division of Corporations

Klawa LLC

SUBJECT: _____

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:

Marc Tetzner

Name of Person

Firm/Company

2340 NE 48th Court

Address

Lighthouse Point, FL 33064

City/State and Zip Code

mtetzner@yahoo.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

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. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKIICELS OI	UNUMPERTUR	
	OF	1 9
		Q. 63.3
KLAWA LLC		5 G
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	· · · · · · · · · · · · · · · · ·
		Ģ.
he Articles of Organization for this Limited Liability Compa	any were filed on <u>10/16/2019</u>	and assigned
lorida document number 1.19000260142		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
. I unendrig name <u>enter menor parte enter enter</u>		
he new name must be distinguishable and contain the words "Limited L	the state of the s	Let a start an est of a total
he new name must be distinguishable and contain the words "Limited L	and the company, the designation (1.1.) of the	Be appreviation (L.L.C.)
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	
the second s		
inter new mailing address, if applicable:		<u> </u>
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
3. If amending the registered agent and/or registered offi	ice address on our records, <u>enter the</u>	name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	、
	, rjoriu	4

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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Kłaus Wallner	2340 NE 48th Court, Lighthouse Point, FL 33064	🖬 Add
			🗌 Remove
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Page 2 of 3

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

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 (If an effective date is listed, the date <u>Note:</u> If the date inserted in the 	the date of filing:	ore than 90 days after tining.) Pursuant to 605.0207 (5)(6)
f the record specifies a del b) The 90th day after the	ayed effective date, but not an effective ti record is filed.	me, at 12:01 a.m. on the earlier of:
	2019	
Dated		

d	2019	
	2	
	Signature of a member or authorized representative of a member	
<u> </u>	Signature of a member of authorized representative of a member	
Marc Tetzner		
	Typed or printed name of signee	

Filing Fee: \$25.00