L20000010484

	Requestor's Name)	
,	, toquotor o marrio,	
(Address)	
(Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(business chuty Name;	
(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Eiling Officer	
Special instructions	to Filing Officer.	
		





900375787719

11/01/21 --01001---004 **25.00

2021 677 27 高月 8:41

RECEIVED PH 3: 18

NOV O 1 2021

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SIR KLIBRO, LLC				
	<u>.</u>			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
			· 	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
			<u> </u>	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
			· 	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	_		<u> </u>	Fictitious Owner Search
Ü				Vehicle Search
				Driving Record
Requested by: Seth	10/27/21		 	UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:

Registration Section

Division of Corporations			
SIR KLIBE	RO, LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard M. Klitenick, Esq		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Richard M. Klitenick, PA		
		Firm/Company	
	1009 Simonton Street		
		Address	
	Key West, FL 33040		
		City/State and Zip Code	<u> </u>
	richard@rmkpa.com		
For further information a	E-mail address: (oncerning this matter, please c	to be used for future annual report no	otification)
	•	305 292-4101	
	Richard M. Klitenick, Esq.		
Name of Person		Area Code Dayr	ime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration S	Section
Division of C		Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIR KLIBRO, LLC

(Name of the Limited Liab (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L20000016484	Company were filed on January 22, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>~</u>
(Principal office address MUST BE A STREET ADI	DRESS)	12
		? ; ;
Enter new mailing address, if applicable:		= 1
(Mailing address MAY BE A POST OFFICE BOX)		فيعيد ب
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		ame of the new registered
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	complete performance of my duties, and La. agent as provided for in Chapter 605, F.S. Cered office address. I hereby confirm that the	m familiar with and Or, if this document is
	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>	<u>Address</u>	Type of Action
MGR	Richard M. Klitenick	1009 Simonton Street	Add
		Key West, FL 33040	
			CIChange
MGR Michael L. Browning	Michael L. Browning	402 Appelrouth Lane	□Add
		Key West, FL 33040	Remove
			□Change
			DAdd
			□ Rеточе
			□Change
			□Add
			□Remove
		***************************************	☐Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

·		
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
	· · ·	
		
Note:	tive date, if other than the date of filing: [Tective date is listed, the date must be specific and cannot be properties.] If the date inserted in this block does not meet the appoint of State's recording the date on the Department of State's recording the date of the date.	(optional) for to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (2) licable statutory filing requirements, this date will not be listed as the ds.
the reco		e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 28 2021	 .
.,	11 W ! I	
220100	JAAK)

Filing Fee: \$25.00

Typed or printed name of signee