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COVER LETTER	a certificate 7
TO: Registration Section	certified copy to be mailed to me in
Division of Corporations	
SUBJECT: Klein Artist CC Name of Limited Liability Company	2/2020. Please send
Name of Limited Liability Company	as well after checking
	my status. Also, this
The enclosed Articles of Amendment and fee(s) are submitted for filing.	would be easier to.
Please return all correspondence concerning this matter to the following:	Amend all online.
Kasey Wisnon	paidikitully \$ 160.00
Name of Person	
K. Klein, Artist LLC	
1443 Vista Lake C	ircle
Melbourne FL 329 City/State and Zip Code  Kasenklein @ smale E-marl address: (to be used for future annihal report no	1.com
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
Kasey L Wisnon at (721) 624  Name of Person Area Code Dayti	e Le O 9   me Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \&\Bigcup Certificate of Status   \$55.00 Filing Fee \&\Bigcup Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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 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 Florida document number L 200005 à 3 77. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
MGR_	Kasey L Wisnom	1663 Vista Lake Cir.	🗹 Add
		Melbourne FL 32504	□Remove
			DAdd
			□Remove
		<del></del>	□Change
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effective date is listed, the	ie date must be specific a in this block does not	nd cannot be prior to da t meet the applicable	ate of filing or more the statutory filing requ	an 90 days after filin uirements, this dat	g.) Pursuant to 605.0 e will not be listed
ument's effective date	on the Department of	State's records.			
cord specifies a delaye s filed.	d effective date, but n	ot an effective time.	at 12:01 a.m. on the	e earlier of: (b) []	The 90th day after t
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ed <u>Vune</u>		. <u>2020</u> .			`
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ed Oank	Kasu Signature of	a member or authorize	d representative of a r	nember	

Filing Fee: \$25.00