

L200000 52377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

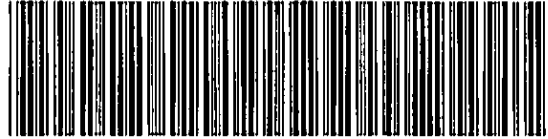
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 26 2020

2020 JUN 18 16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K. Klein, Artist LLC
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:

Kasey L Wisnom
Name of Person

K. Klein, Artist LLC
Firm/Company

1643 Vista Lake Circle
Address

Melbourne FL 32904
City/State and Zip Code

Kasey.klein@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kasey L Wisnom at (321) 626 6091
Name of Person Area Code Daytime 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, 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

* Please note I paid for a certificate & certified copy to be mailed to me in 2/2020. Please send as well after checking my status. Also, this would be easier to Amend all online. I never got my copies. I paid: total \$160.00

2020-9 8:17

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted 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.

Dated June 1. 2020

Kasungu
Signature of a member or authorized representative of a member

Kasey Lynn Wisnom
Typed or printed name of signee

Filing Fee: \$25.00