L200000 67347

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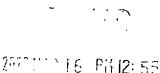
COVER LETTER

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TO: Registration Se Division of Cor			,		
	er and Associates LLC		•		
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.			
Please return all correspo	ondence concerning this matter	to the following:			
	James T. Klecker				
		Name of Person			
	Jim Klecker and Associa	ates LLC			
		Firm/Company			
	11261 Watercrest Circle	• West			
		Address			
	Parkland, FL 33076				
		City/State and Zip Code			
	jim@jimklecker.com				
		to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
Jim Klecker		954 298-8736 at ()			
Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration S	ection		
Division of C	Corporations	Division of Co	orporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
rananassee, i	LL 34314	Z4 IJ IN. IVIONI	or succe suite ord		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Jim Klecker and Associates, LLC (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 March 02. 2020 and assigned Florida document number __L20000067347 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 "L.L.C." 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 Office Address: Enter Florida street address

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

, Florida _

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
AMBR	James T. Klecker	11261 Watercrest Circle West	□Add
		Parkland, FL 33076	□Remove
AMBR Elizabeth K. Klecker	Elizabeth K. Klecker	11261 Watercrest Circle	□Add
		Parkland, FL 33076	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Remove	
		□Add	
		□Remove	
			FiChange

ii amenum _k	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
- -	
If an effective on Note: If the	te, if other than the date of filing:
e record spec ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Marci	n 13 2020 7
Dated	James T. Wlaham
_	Signature of a member or authorized representative of a member
1,	antes T. Klecker
J.	Typed or printed name of signee

Filing Fee: \$25.00