LZ0000093410

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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
where KI	ing Family I	nn and Events ited Liability Company	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	0		
	Patrick	Name of Person	<u> </u>
		Name of Ferson	
	Kline Far	mily Inn and E Firm Company	vents
	1941 JW	52nd Terrace Address	
	 	Address	
	Plantation	FL 33317 City/State and Zip Code	
		Kline @ Ychoo.com	
	E-mail address: (to be used for future annual report notifi	(cation)
For further information c	oncerning this matter, please ca	all:	
Patrick	Kline	at (954) 773 1 Area Code Daytime	681
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
S≥5.00 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 5 Division of C	Section	<u>Street Address:</u> Registration Sec Division of Corp	
P.O. Box 632	•	The Centre of T	allahassee
Tallahassee.	FL 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Kline Family Inn and (Name of the Limited Liability Compa (A Florida Limited)	Events any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000093410</u> .		
This amendment is submitted to amend the following:		2020
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liah The new name must be distinguishable and contain the words "Limited Liabi	pility company here:	FILE OCT 22
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	r the abbreviation "LLC"
Enter new principal offices address, if applicable:	a	
Principal office address MUST BE A STREET ADDRESS)	 	<u>ω</u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	da
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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, 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
<u>Mgc</u>	Corinne Kline	1941 SW. Solad Terrace	Plantation, FL 33317 XAdd
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90	(optional) days after filing.) Pursuant to 0	605,020
If the date inserted in this block does not meet the applicable statutory filing requirentment's effective date on the Department of State's records.	nents, this date will not be l	isted as
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlifeld.	lier of: (b) The 90th day a	fter the
d 10-14-20		