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COVER LETTER

	egistration Se ivision of Cor			
eun le <i>c</i> t		6 LLC		
SUBJECT	:	Name of Lin	ited Liability Company	
		KLAUDIO GJOKA		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filling. correspondence concerning this matter to the following: KLAUDIO GJOKA Name of Person Firm/Company 11834 GRANITE WOODS LOOP Address VENICE, FL 34292 City/State and Zip Code E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: KA Name of Person at (248) Area Code Daytime Telephone Number		
	11834 GRANITE WOODS LOOP			
			Address	
		VENICE, FL 34292	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	ntification)
For further	information co	oncerning this matter, please c	all:	
KLAUDIO			at (248) 943	1846
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	uilian talahan		Counce & Adminis	

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

REKLAU46 LLC		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)	
he Articles of Organization for this Limited Liability Company were	e filed on and assign	ed
orida document number <u>L20000312341</u> .		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
ne new name must be distinguishable and contain the words "Limited Liability Co		
nter new principal offices address, if applicable:	2023	-
Principal office address MUST BE A STREET ADDRESS)		<u>:</u>
	<u>ω</u> ÷	<u> </u>
	<u> </u>	
nter new mailing address, if applicable:	A :	: ' ' :-
Mailing address MAY BE A POST OFFICE BOX)	~. ~.	
i. If amending the registered agent and/or registered office addressent and/or the new registered office address here:	ess on our records, <u>enter the name of the new re</u>	egist
ent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida Ciny Zin Code	

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

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	GJONPJERO GJOKA	11834 GRANITE WOODS LOOP	≣ Add
		VENICE, FL 34292	□Remove
		 	□Change
			□ Add
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			2023
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ective date if other than th	e date of filing:	(optional)	
i effective date is listed, the date m	ust be specific and cannot be prior to date of fi block does not meet the applicable statute	ding or more than 90 days after filing.)	
	Department of State's records.	ory ming requirements, this date r	THE HOLDE HISTORY
	and the second of the second of the second		00.1 1 . 6 .4
s filed.	ve date, but not an effective time, at 12:0	or a.m. on the earner of: (b) The	yoth day after the
Ш У 26	2023		
led	2023 Mighae Mignature of a member or authorized representations and the second secon		
1 Claudio	Mora		

Filing Fee: \$25.00