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(Re	questor's Name)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	-
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COVER LETTER

TO: Registration Section Division of Corporations				
CUB ICCT.	Hlero (Troup LLC.		
SUBJECT:		Liability Company		
The enclosed Articles of Amendmen	nt and fee(s) are submit	ted for filing.		
Please return all correspondence cor	ncerning this matter to t	he following:		
	Christya	n E Calero Va Name of Person	ldes	
		Firm/Company		
	2500 W	est 56th Street	Apt 1406	
	Hialeah	FL 33016	· · · · · · · · · · · · · · · · · · ·	
	(City/State and Zip Code	œ.	
	E-mail address: (to b	e used for future annual report notifi	cation)	
For further information concerning	this matter, please call:			
Christyan E Calera	o valdes	at (<u>786</u>) <u>273</u>	Telephone Number	
ruine of Person		They code Daymin	Telephone Tallies	
Enclosed is a check for the following	g amount:			
	00 Filing Fee & rtificate of Status	S55.00 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		Street Address: Registration Sec	tion	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Klero Carou	op LLC _	·		
(Name of the Limited Liability (A Florida l	Company as it now appe Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on _ 	10/0/20	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company l	<u>nere</u> :		
The new name must be distinguishable and contain the words "Limit	red Liability Company," the	designation "LLC" or the	e abbreviation "I	L.C."
Enter new principal offices address, if applicable:		•	1 . [3	
(Principal office address MUST BE A STREET ADDR	 ESS)		() ()	
(Frincipal office address 1/2001 02 1/ 02 102			<u> </u>	-
			. C)	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
(Matting dadress MAT BE AT OST OFFICE BOX)			ψ.	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, enter the n	ame of the no	ew registered
Name of New Registered Agent:				
New Registered Office Address:	Enter F	lorida street address		
		Florida	Zip Code	
	City		zip Code	•

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

I hereby accept the appointment as registered agent and agrec 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added er removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MUR	Christyan E valdes	2500 west 56th street	DAdd
		Apt 1406	Remove
		Hialeah, FL 33016	Change
MUR	Christyan E Calero Valdes	s 2500 west 56th Street	I ∑ Add
		Apt 1400	
		Haleah FL 33016	☐ Change
AR	Sheila Sanchez Fiallo	2500 west 56th Street.	
		Apt 1406	Remove
		Hialeah, FL 33016	? Change
AMBR	Sheila Sanchez Fiallo	2500 West 56th Street	[🖬 Add
		Apt 1406	Remove
		Hialeah, FL 33016	□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove

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