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Florida Depårtment of State 👡

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future _annual report mailings. Enter only one email address please.

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOHNSON KLEIN FINANCIAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHNSON KLEIN FINA (Name of the Limite			rs on our records.)	
The Articles of Organization for this Limited Li Florida document number L21000141175		were filed on <u>0</u>	3/25/21	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company h	<u>ere</u> :	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the	lesignation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applica			St N STE 300	
(Principal office address MUST BE A STREE	St. Petersburg, FL 33702			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7901 4th S	St N STE 300	
		St. Petersburg, FL 33702		
			2: 1:	CJ N
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on our r	ecords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	Northw	est Reg	istered Ager	nt LLC
New Registered Office Address:	7901 4th St N STE 300 Enter Florida street address			
	St Peters	hura	m 337	702

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.

City

If Changing Registered Agent Signature of New Registered Agent

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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>	Name	<u>Address</u>	Type of Action
AMBR	KLEIN, COREY	16095 WILLOW BLVD CT	□Add
		JACKSONVILLE, FL 32218	⊠Remove
			[]Change
AMBR	KLEIN, COREY	7901 4th St N STE 300	
		St. Petersburg, FL 33702	□Remove
			□Change
AMBR	Johnson, Brannon	7901 4th St N STE 300	XlAdd
		St. Petersburg, FL 33702	□Remove
			□Change
			ElAdd
			□Remove
			🗆 Add
			□Remove
			(JAdd
			□Remove
			□Change

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F. Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	does not meet the applical	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant to 60 ements, this date will not be lis)5.0207 (3)(b sted as the
f the record specifies a delayed effective date record is filed.	te, but not an effective tin	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th day aft	er the
Dated December 5th	. 2024	_·		
Sign	nature of a member or author	ized representative of a mer	niber	
Nat Smith				

Filing Fee: \$25.00

Typed or printed name of signee