Division of Corporations



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(((H22000058016 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

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

Email Address: reinagirl3@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN. CRUSAN-KLEIN, LLC

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Corporate Filing Menu

Help EMIEUX FFB 15 2022 CRUSAN-KLEIN, LLC

ARTICLES OF AMENDMENT TO

(((H22000058016 3)))

ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Florid	ty Company as it now app a Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	August 31, 2021	and assigned
This amendment is submitted to amend the following:	<u> </u>		
A. If amending name, enter the new name of the lim	ited liability company	here:	
KLEIN INVESTMENT 1, LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," th	e designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on ou	r records, enter the 1	name of the new registere
Name of New Registered Agent:		· · ·	(1)
New Registered Office Address:			
TOW REGISTION STATES TO SERVE	Enter	Florida street address	- in
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		:-
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance agent as provided for red office address, I h	e of my duties, and 1 i in Chapter 605, F.S.	am familiar with and Or, if this document is
	If Changing Registere	d Agent, Signature of New	w Registered Agent

	•	
From:	Leshe	Perryman'

Fax: 14078411200

To:

Fax: (850) 617-6383

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02/14/2022 9:10 AM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000058016 3)))

MGR =	Manager
AMBR =	Authorized Member

Title	<u>Name</u>	Address	Type of Action
		DAdd	
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
		□Remove	
			□Add
		□ Remove	
		□Add	
			□ Change
			DAdd
			□Remove
(((H22000058016 3)))		Change

Fax: {850} 617-6383

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N/A	
	
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	(ontional)
ffective	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note: If	the date inserted in this block does not meet the applicable statutory thing requirements, this date with not be listed a
iocumen	t's effective date on the Department of State's records.
record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed	l.
	2022
Dated _	February 11 2022
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Deborah L. Klein Typed or printed name of signee

(((H22000058016 3)))

Filing Fee: \$25.00