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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Con		•	
J Klein Co. SUBJECT:	nstruction LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffrey Klein		
		Name of Person	<del></del> _
	J Klein Construction LLC		
	<del></del>	Firm/Company	
	13315 Krameria Way		
		Address	
	Tampa FL 33626		
		City/State and Zip Code	
	JKCLLC@proton.me		
		to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
Jeffrey Klein		813 893-8034 at ( )	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee		The Centre of T	
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000452800	were filed on OCT 18, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		数テモ
		<b>3</b> 3
		<u> </u>
Enter new mailing address, if applicable:		29 29
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	3*
		· ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	he name of the new regis
Name of New Registered Agent:	····	
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	City	Zip Code

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

LKLEIN CONSTRUCTION LLC

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
AMBR	JAKE A KLEIN	13315 KRAMERIA WAY	■Add
			□Remove
			☐ Change
			Add
			□Remove
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f amending any other infor	nation, enter change(s)	) неге: (Анасп ааа	utonat sneets, ij neces	sary.)
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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cannot b s block does not meet the	applicable statutory f	(option or more than 90 days after f illing requirements, this	iling.) Pursuant to 605.0207
e record specifies a delayed efferd is filed.	ctive date, but not an effec	ctive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
Dated MAY 7	, 2024	·		
	Sogna	Kein		
<del></del>	Signature of a member of	or authorized representa	tive of a member	