

L220000320756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

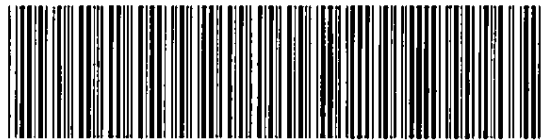
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE AFFAIRS  
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7/10/23

R. HUNT

10/16/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TECHKLEIN LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Taboada

Name of Person

ZenBusiness INC

Firm/Company

336 E. College Ave Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

fulfillment@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

c/o ZenBusiness INC

844

493-6249

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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  
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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TECHKLEIN LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/09/2023 and assigned Florida document number 1.22000320756.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

2403 8th Unit 8

Charleston, IL 61920

Albany County US

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2403 8th Unit 8

Charleston, IL 61920

Albany County US

SECTION OF STATE  
DIVISION OF CORPORATIONS  
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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Erickharlein Pierre	733 Operation Dr Suite 600	<input type="checkbox"/> Add
		Virginia Beach, VA 23460	<input checked="" type="checkbox"/> Remove
		US	<input type="checkbox"/> Change
AMBR	Erickharlein Pierre	105 Isabella Ln Apt 202	<input checked="" type="checkbox"/> Add
		Virginia Beach, VA 23462	<input type="checkbox"/> Remove
		US	<input type="checkbox"/> Change
AMBR	Judith Polynice	2403 8th St Unit 8	<input checked="" type="checkbox"/> Add
		Charleston, IL 61920	<input type="checkbox"/> Remove
		US	<input type="checkbox"/> Change
AMBR	Erickhamanuela Sandy Pierre	917 4th St Apt 20	<input checked="" type="checkbox"/> Add
		Charleston, IL 61920	<input type="checkbox"/> Remove
		US	<input type="checkbox"/> Change
AMBR	Robenson Dorvilien	5792 ne coosa dr	<input type="checkbox"/> Add
		Port saint lucie, FL 34986	<input checked="" type="checkbox"/> Remove
		US	<input type="checkbox"/> Change
AMBR	Richardson Louis	463 NW Raymond LN	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34983	<input checked="" type="checkbox"/> Remove
		US	<input type="checkbox"/> Change

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 DIVISION OF CONSERVATION  
 PORT SAINT LUCIE, FL 34986  
 10000  
 10000

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Remove MBR: Mackly Fontil 338 NW Friar street Port st lucie, FL 34983 US

Remove MBR: Sajous Jean Pierre 1952 se port st lucie blvd Port st lucie, FL 34952 US

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DEPARTMENT OF STATE  
DIVISION OF CORRECTIONS

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated 10/09 2023

/s/Erickharlein Pierre

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Erickharlein Pierre, Member

\_\_\_\_\_  
Typed or printed name of signer