

L230000286729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

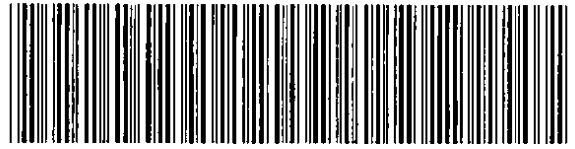
(Business Entity Name)

(Document Number)

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2023 JUL 17 AM 7:26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CK3_Integrations 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:

Susan R. Erwin-Klein

Name of Person

CK3_Integrations LLC

Firm/Company

7906 Lake Placid Lane

Address

Trinity, FL 34655

City/State and Zip Code

suzie@ck3integrations.com

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

For further information concerning this matter, please call:

Susan R. Erwin-Klein

217

691-5690

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

! . . . !

2023 JUL 17 AS 7:21

(A Florida Limited Liability Company)

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>
CEO	Christopher Klein	7906 Lake Placid Lane	<input type="checkbox"/> Add
		Trinity, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher Klein	7906 Lake Placid Lane	<input checked="" type="checkbox"/> Add
		Trinity, FL 34655	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Susan R. Erwin-Klein	7906 Lake Placid Lane	<input checked="" type="checkbox"/> Add
		Trinity, FL 34655	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

[illegible]

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 July 11 2023

Signature of a member or authorized representative of a member

Susan R. Erwin-Klein

Typed or printed name of signee