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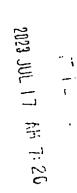
(Requestor's Name)
(Address)
(all the first of
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration So Division of Cor		•	·
CK3_Integ	rations LLC		
30b/EC1.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Susan R. Erwin-Klein		
		Name of Person	
	CK3_Integrations LLC		
		Firm/Company	
	7906 Lake Placid Lane		
	Integrations LLC Name of Limited Liability Company		
	Trinity, FL 34655		
	-	, ,	
For further information c		·	ication)
Susan R. Erwin-Klein			
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	_		ction
Division of C P.O. Box 632		Division of Corp	porations
r.O. DOX 032	. 1	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

CK3-Integrations LLC

2023 JUL 17 75 7: 21

(A Florida I.	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number $\frac{1.23000286729}{1.23000286729}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	
gent and/or the new registered office address here:	office address on our records, enter the name of the new regis
Name of New Registered Agent:	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florida street address , Florida City Zip Code

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>	Type of Action
СЕО	Christopher Klein	7906 Lake Placid Lane	□Add
		Trinity, FL 34655	≡Remove
			□ Change
MGR	Christopher Klein	7906 Lake Placid Lane	■ Add
		Trinity, FL 34655	□Remove
			□Change
MGR	Susan R. Erwin-Klein	7906 Lake Placid Lanc	■ Add
		Trinity, FL 34655	□Remove
			□ Change
			□Add
			□Remove
			□Change
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ective date, if other than the date of filing:		(n	ntional)	
ective date, if other than the date of filing: effective date is if ited, the date must be specific and cannot be precipitate. If the date inserted in this block does not meet the appument's effective date on the Department of State's reconstruction.	dicable statutory fil	more than 90 days a ling requirements,	tier filing / Pursuant to this date will not be	605,020° listed as
cord specifies a delayed effective date, but not an effective sliled.	e time, at 12;01 a,n	n, on the earlier of	: (b) The 90th day (after the
ed July 11 2023				
	·			
Signature of a member or an				

Typed or printed name of signee