## L240000HIS 37

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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations			
SUBJECT: K\	een N Brite Name of Lim	Sytemors LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Brian	Racy 25		2024 P
		Name of Person  Scitz Exterior  Firm/Company		2024 APR 16 MI 10: 32 SEGRETARY SEE PIE
		Firm/Company  Wood Ct		10 3 S
		Address		
	Long wood,	F1 . 32750 City/State and Zip Code	- · -	_
	Klzennbrit E-mail address: (	City/State and Zip Code  Caxtaciors of give to be used for future annual report	nail, com	
For further information c	oncerning this matter, please c	all:		
Brian	BAINES	at (407) 9 Area Code Day	61 -3669	
Enclosed is a check for th	ne following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations 7		Section Corporations of Tallahassee	210
Tallahassee, I	L, J2J 17	Tallahassee,	nroe Street, Suite 8 FL 32303	) I U

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kleen N Britz Ext	1211055 LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2400041537</u> .	vere filed on 1/22/2024	and assigned
This amendment is submitted to amend the following:		202
A. If amending name, enter the new name of the limited liabil	ity company here:	MAPR 16
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	or the abbreviation L.L.C.
Enter new principal offices address, if applicable:		15 0 W
(Principal office address MUST BE A STREET ADDRESS)		- 11 P
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	. Flori	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.	I am familiar with and S. Or. if this document is

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
MGR	Brian Barnes	991 Citrus wood ct, Longwood	H ZAdu
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			□Change
			□Add
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