## 110000099057

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(Document Number)
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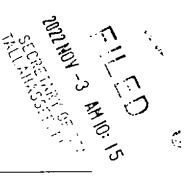
## CT CORP

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate: 11/03/2022
	Acc#120160000072
Name:	Clota 68 LLC
Document #:	
Order #:	14617679
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
Filing: 🗸	Certified: ✓ Plain: COGS:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 55.00

Thank you!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CLOTA 68 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 Liab Florida document number L10000099057		ere filed on Se	ptember 22, 2010	and assigned
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of th	<u>ne limited liabili</u>	ty company ho	<u>ere</u> :	
n/a				
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the d	lesignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	n/a		
(Principal office address MUST BE A STREET)	ADDRESS)		_	
Enter new mailing address, if applicable:		n/a		<u></u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
			-	
B. If amending the registered agent and/or reg agent and/or the new registered office address I Name of New Registered Agent:		dress on our r	ecords, <u>enter the p</u>	name of the new registered
New Registered Office Address:				
		Enter Flo	rida street address	
			, Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing Reg				
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the region company has been notified in writing of this change in the change in the region.	and complete p red agent as pr gistered office a	erformance of ovided for in (	f my duties, and Lo Chapter 605, F.S.	am familiar with and 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
P	Gaspard Crepy D'Orleans	5941 SW 116 Street	□Add
		Miami, FL 33156	■Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
		<u></u>	□Change
			□Add
			□Remove
			□Change

i amene	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
iote: If	date, if other than the date of filing:
record s Lis filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	November 2 . 2022 .
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Arianne Plasencia

Filing Fee: \$25.00