218000074986

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COVER LETTER

TO:	Registration Sec Division of Corp		*	•	
cub t		GEMENT LLC			
SUBJ	ECI:	Name of Lim	ited Liability Company		
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
		MARSHA SIHA			
			Name of Person	·	
		INCFILE.COM LLC			
			Firm/Company		
17350 STATE HWY 249 SUITE 220					
			Address		
		HOUSTON TX 77064			
			City/State and Zip Code		
		EFILE1234@INCFILE.CO		· · · · · · · · · · · · · · · · · · ·	
For fu	rther information co	n-mail address: (encerning this matter, please ca	to be used for future annual report notif all:	iteation)	
MAR	SHA SIHA		888 462-3453		
	Name of	Person	Area Code Daytime	e Telephone Number	
Enclos	sed is a check for the	e following amount:			
□ \$2	5.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLZ MANAC	GEMENT LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000074986	were filed on 03/22/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_ 3
(Principal office address MUST BE A STREET ADDRESS)		SEP ISIDE
Enter new mailing address, if applicable:		AH REGE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the ne
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and	Lam familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
AMBR	JOHANNA MAMANI	16950 N BAY RD APT 1407	
		SUNNY ISLES BEACH,	■ Remove
		FL 33160	Change
			Add
			Remove
			☐ Change
_			
			Remove
			☐ Change
			Add
		 	□ Remove
			☐ Change
			
			□ Remove
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ffective date, if other than the d	ate of filing:			(opt	ional)	
an effective date is listed, the date must block of the late inserted in this block ocument's effective date on the Department.	k does not meet tl	he applicable				
e record specifies a delayed e The 90th day after the recor		but not a	n effective ti	me, at 12:01	a.m. on the e	arlier o
SEPTEMBER 1	. 20	18				
<u>Carmien</u>	<i>?</i>					

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Typed or printed name of signee

Filing Fee: \$25.00