

LI8000174799

(Requestor's Name)

(Address)

(Address)

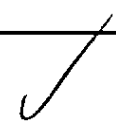
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2018 OCT 15 AM 11:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cline Executive Suites, 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:

Mr. Mark Cline

Name of Person

Cline Executive Suites, LLC

Firm/Company

2576 Jupiter Way

Address

The Villages, Florida 32163

City/State and Zip Code

* MARK@CLINEFINANCIAL.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Cline

Name of Person

at (954) * 764-2929

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Cline Executive Suites, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 20, 2018 and assigned Florida document number L18000174799.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 4076 East State Road 44
Wildwood, Florida 34785
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 4076 East State Road 44
Wildwood, Florida 34785
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: N/A

Enter Florida street address

_____ **Florida** _____
City *Zip Code*



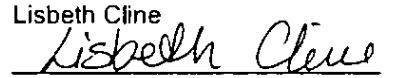
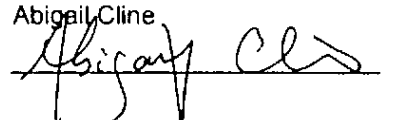

New Registered Agent's Signature, if changing Registered Agent:

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

Title	Name	Address	Type of Action
MGR	Cline Enterprises, Inc. 	4076 East State Road 44 Wildwood, Fla. 34785	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Mark Cline 	2576 Jupiter Way The Villages, Florida 32163	<input type="checkbox"/> Change <input type="checkbox"/> Add
MGR	Lisbeth Cline 	2576 Jupiter Way The Villages, Florida 32163	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Abigail Cline 	2576 Jupiter Way The Villages, Florida 32163	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Mark Cline 	4076 East State Road 44 Wildwood, Florida 34785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Lisbeth Cline Lisbeth Cline	4076 East State Road 44 Wildwood, Florida 34785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Abigail Cline

 AMBR - Abigail Cline - 4076 East State Road 44, Wildwood, Florida 34785 - ADD as an authorized member

n/a

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 September 18 2018
 ✓ _____
 Signature of a member or authorized representative of a member

✓ MARK A. CLINE
 Typed or printed name of signee

2018 OCT 15 AM 11:05
 DEPARTMENT OF STATE
 FILED