## L02000027446

(Re	questor's Name)	
	dress)	
(rid	urces)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del></del> ∋ #)
PICK-UP	☐ WAIT	. MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300252719713

10/11/13--01085 -007 \*\*25.00

SECRETARY OF STATE

Attorney At Law

## SCOTT DAVID KRUEGER CHARTERED

A Professional Corporation
(Licensed to practice law in Florida, Virginia, Washington, D.C.)

MERIDIEN CENTRE: 2750 NORTHWEST 43RD STREET SUITE 201 GAINESVILLE, FLORIDA 32606 GAINESVILLE OCALA FACSIMILE EMAIL (352)376-3090 (352)732-4405

(352)377-1580 Attorney@SDKrueger.com

October 10, 2013

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

Via FedEx Priority Overnight

Re: Cloverleaf Properties, LLC

To whom it may concern:

Enclosed please find an original Articles of Amendment to Articles of Organization for the above named company, as well as a check in the amount of \$25.00 to cover the filing fee.

Your prompt response in return of a confirmation of the filing is appreciated.

Finally, thank you for your assistance in this matter.

Sincerely yours,

Scott David Krueger

enclosures

doc:bem:20 cloverleaf20131010\_1359\_amend articles org cov ltr.cov

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2013 OCT 11 AM 11: 41

SEGNETARY OF STATE TALLAMASSEE, FLORIDA

Cloverleaf Properties,			
(Name of the Limite	<u>d Liability Comp:</u> A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited I Florida document number L0200002744	Liability Compan		and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	nited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	N/A		er the name of the new
New Registered Office Address:	N/A	Finance Films 1	-11
		Enter Florida street	aaaress
		, 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Oscar B. dePaz	5423 Northwest 45th Drive	Add
		Gainesville, Florida	Remove
		32653	
			Add
			Remove
			_
			Add
			Remove
			_
			Add
			Remove
			-
			Add
		<del></del>	Remove
			_
			Add
			Remove

D. If amending any other information N/A	, enter change(s) here: (Attach additional sheets, if necessary.)
October 10	2013
C)X	
Signatu	re of a member or authorized representative of a member
Scott David Kruege	er, Attorney and authorized representative
	Typed or printed name of signes

Page 3 of 3

Filing Fee: \$25.00

SURFACE OF STATE