## L05000045639

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1 9 2015 T. HAMPTON

## **COVER LETTER**

Division of Cor	porations		
Clevenger l SUBJECT:	Properties, 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:	
	John Davenport		
		Name of Person	
	Clevenger Properties, LLC	;	
		Firm/Company	
	1490 Polaris St		
		Address	···
	Merritt Island, FL 32953		
		City/State and Zip Code	
	johnmiami@juno.com		
	E-mail address: (1	to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	all:	
John Davenport		at () 432-8785 Area Code Daytime	
Name o	f Person	Area Code Daytime	Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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**

Clevenger Properties, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on May 4, 2005	and assigned
Florida document number L05000045639		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Fernando Mendoza, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET ADDRESS	<u>s</u>	SE 5
		<u> </u>
		583
Enter new mailing address, if applicable:		To B
(Mailing address MAY BE A POST OFFICE BOX)		77 0 O
		PATE 26
		<i>&gt;</i>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the ne
Togastered agent und/or the new Togastered office naureso	·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature if changing Registered Ag	rent:	

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Fernando Mendoza	1490 Polaris St	Add
			□ Remove
		Merritt Island, FL 32953	Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Add
			□ Remove
			Change
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			TO AND CO
			TALLAHASSEE, FLORIDA
			☐ Change

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ffective date, if other than an effective date is listed, the date tote: If the date inserted in the ocument's effective date on the	must be specific ar is block does not	nd cannot be pric meet the appli	or to date of filing of cable statutory f	or more than 90 days a	<b>ptional)</b> after filing.) Pursua this date will no	nt to 605.02 t be listed a
e record specifies a dela The 90th day after the			ot an effectiv	e time, at 12:0	1 a.m. on the	earlier
ated AVG 1	3	20/5	<u>.</u>		SE	15
	90		>		LAY.	AUG
——————————————————————————————————————	Signature of a	a member or aut	horized representa	tive of a member	- <u>多</u>	

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Filing Fee: \$25.00