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(R	equestor's Name)
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(C	ity/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Clob Strokiles UC (Name of Limited Liability Company)
(. tanto et Eminioù Elabini, Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shaun Spurgin (NamdarRerson) Global Profiles, UC (Firm/Company) 930 Anchorage PJ. (Address) Tampa, Fr. 33602 (City/State and Zip Code)
For further information concerning this matter, please call: Shaun Sunginat (813) 3676495 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\$\$ 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

(Present Name)
(A Florida Limited Liability Company) FIRST: SECOND: This amendment is submitted to amend the following: amingo_ ignature of a member or authorized representative of a member

Filing Fee: \$25.00