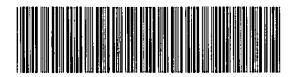
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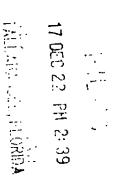
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

то:	Registration Se Division of Cor			
CLID		HOLDINGS, LLC		
SUBJ	JECT:	Name of Lim	ited Liability Company	
The c	enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Michael Hughes		
			Name of Person	•
		Hughes Consulting Service	es. LLC	
Firm/Company				
Address				
		Palm Harbor, FL 34683		
		<u> </u>	City/State and Zip Code	
		mikehughes@consultinghu	=	
			to be used for future annual report notifi	ication)
For fu	urther information co	oncerning this matter, please co	all:	
Debb	oie Hughes		727 631-2274	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
<b>■</b> \$:	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

Dutton Holdings, LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records. I Liability Company)	)
The Articles of Organization for this Limited Liability Compan Plorida document number L08000028521	y were filed on 03/19/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7
Enter new mailing address, if applicable:		72
Mailing address MAY BE A POST OFFICE BOX		0
		135"
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	•	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	James Luke Dutton	_	Add
			□ Remove
		522 Alt 19 Palm Harbor Fl. 34683	■ Change
AMBR	Tracy Ann Dutton	522 Alt 19 Palm Harbor FL 34683	
			□ Change
MGR	Jarrid Dotterer	522 Alt 19 Palm Harbor FL 34683	<b>=</b> Add
			□ Remove
		<del></del>	☐ Change
			7.60 20
			Remove ;
		<del></del>	Change
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ective date, if other than the date of filing:			(optional)
n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the ap- cument's effective date on the Department of State's rec	prior to date of fil pplicable statuto	ing or more than 90 da	ys after filing.) Pursuant to 605.
record specifies a delayed effective date, bu The 90th day after the record is filed.	t not an effe	ctive time, at 12	::01 a.m. on the earlie
December 19th 2017			
711	· ·		
<del>///</del>	to/12	entative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00