## 42673

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
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18 DEC 18 PH 12: 35 SECRETARY OF STATE TALL SHASSEE, FLORIDA

T SCHROEDER

**Registration Section** 

· TO:

## **COVER LETTER**

Division of C	Corporations		
SUBJECT: Cloud	mills LLC		
	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Jillian Wallin	Name of Person	
	Messerli & Kramer I	P.A. Firm/Company	
	1400 Fifth Street Tow	vers, 100 S. Fifth Street	
	NC 1: NO. 6	Address	
	Minneapolis, MN 55	City/State and Zip	<del></del>
	jwallin@messerlikra E-mail address: (t	mer.com o be used for future annual report noti	fication)
For further information	n concerning this matter, please ca	ıll:	
Jillian Wallin Nam	e of Person	at ( <u>612</u> ) <u>672.3615</u> Area Code Daytim	e Telephone Number
Enclosed is a check for	r the following amount:		
S25.00 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

росивідя елувіоре ір: Азророєр-зриго-чосе-эйга-отойр і гвигот АКТІСТЕР ОЕ AMENDMENT

## TO ARTICLES OF ORGANIZATION

Cloudmills LLC	4-41 !-L !!		
(Name of the Limi	(A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number L10000042673	iability Company	were filed on April 21, 20	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	1290 B Street	교실 <b>교</b>
Principal office address MUST BE A STREE	ET ADDRESS)	Suite 316	
		Hayward, CA 94541	55.24 <u>— — — — — — — — — — — — — — — — — — —</u>
Enter new mailing address, if applicable:		1290 B Street	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 316	
		Hayward, CA 94541	5 @
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her	<u>e</u> :	cords, <u>enter the name of the</u>
Name of New Registered Agent:	John B. Sansou	ıcıe	
New Registered Office Address:	37 N. Orange,	Suite 500	
<del>-</del>		Enter Florida street	address
	Orlando		_, Florida <u>32801</u>
		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

n amending Authorized rerson(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
MGR	John B. Sansoucie	1226 SW Ivanhoe Blvd	
		Orlando, FL 32804	□ Add
			Remove
			Change
		<del> </del>	Remove
			Change
			Remove-
			Change Ch
		<del></del>	□ Remove
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	-		
		<del></del>	□ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
		<del>.</del>	□ Remove
			Change

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Diamona. Shirman	
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Diana Special Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00