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**S Warren** MAR 09 2017

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CLARK JOINT VENTURE LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL CHASE  Name of Person
CHASE COMPANY  Firm/Company
<b></b>
4615 NORTH A ST. Address
TAMAA FL 33609
City/State and Zip Code  Ratdurkin I. a gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARVIN LAINER at (561) 271-0434  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed)  \$30.00 Filing Fee Scriffied Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

(Name of the Limited Liability (A Florida	Y Company as it now appears on our records.) Limited Liability Company)
	ompany were filed on $\frac{7/16/20/0}{2000}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4615 NORTH A ST
(Principal office address MUST BE A STREET ADDRI	क्षेत्र है ।
Enter new mailing address, if applicable:	SSS A
(Mailing address MAY BE A POST OFFICE BOX)	STATE OS
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	ICHAEL CHASE
New Registered Office Address: 4	Enter Florida street address
	TAMPA , Florida 33609  City Zip Code
	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, 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 romoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Type of Action
MANAGER	MARVIN LAINER	7676 GLENDEVON LANE BELRAY REACH FL 33446	_ <b>/25</b> ,Add
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rective date, if other than the date of filing:  (optional)  neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 tes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste rument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.  Results of a member or authorized representative of a member of Signature of a member of supplementation of Signature of a member of Signature of supplementation of Signature of Si									
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Filing Fee: \$25.00