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COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	CLIFTON PA	ARK, LLC				
		Name of Lin	nited Liability Company			
The enclosed	Articles of A	mendment and fec(s) are sub	omitted for filing.			
		dence concerning this matter				
		Jesus E. Rincon				
			Name of Person			
			Firm/Company			
		4728 NW 103 COURT				
			Address			
		DORAL, FL 33178				
		elchao@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notification	n)		
For further int	formation con	cerning this matter, please ca	all:		20	
Jesus E. Rinco	on		305 951-4057			77
	Name of Pe	erson	Area Code Daytime Telep	hone Number	9 8811:	- 3名E - 3名E
Enclosed is a d	check for the f	following amount:			ار ا	
■ \$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	360.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl	ıs &	SNS SI

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TO:

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Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLIFTON PARK, LLC	
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number L10000113875	filed on 11/02/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "L.I.C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	4.0
	0
	
Enter new mailing address, if applicable:	9 3 Kg
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida ___

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>	Name	Address	Type of Action
AMBR	Rodolfo Jesus Auvert Rincon	4728 NW 103 COURT	= Add
		DORAL, FL 33178	□ Remove
		•	□Change
AMBR	Natacha Auvert Rincon	4728 NW 103 COURT	≣ Add
		DORAL, FL 33178	□Remove
			Change
AMBR	Jesus Rincon Gutierrez	4728 NW 103 COURT	
		DORAL, FL 33178	□Remove
AMBR	Eugenia Rincon Gutierrez	4728 NW 103 COURT	■Add
		DORAL, FL 33178	□Remove
			Change
MGRM	Mariela Rincon	4728 NW 103 COURT	□Add
		DORAL, FL 33178	\exists Remove
			Change
MGRM	Jesus E. Rincon	4728 NW 103 COURT	
		DORAL, FL 33178	\equiv \equiv \text{Remove}
			Change

Typed or printed name of signee