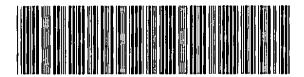
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(Requestor's Name)	
(Address)	-
(,	
(Address)	
(City/State/Zip/Phone #)	
(expressionally)	
PICK-UP WAIT	MAIL
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(Business Entity Name)	
(800330 2) (30)	
(Document Number)	
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Special Instructions to Filing Officer:	
}	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ALWAYS COO	PER LLC	a.
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	C	OOPER S. MIKLER Name of Person	
		Name of Person	-
	ALW	AYS COOPER LLC Firm/Company	
		Firm/Company	
	4660 GA	BRILLA LN Address	
		Address	
	OVICE	City/State and Zip Code	
		City/State and Zip Code	
	CLAR E-mail address: (ETHCO @ ICLOUD. C	ord (fication)
For further information co	oncerning this matter, please ca	all:	
COOPLE	S. MIKLER	at (<u>407</u>) <u>754</u> . Area Code Daytin	5656
Name of	Person	Area Code Daytin	te Telephone Number
Enclosed is a check for th	e 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		Street Address:	
Registration S Division of Co		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALWA	45 COOPER LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab		G. 29, 2011	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company here:		
CLARETI	1 LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designa	ation "LLC" or the abbr-	eviation "L.L.C."
Enter new principal offices address, if applicab	e:		
(Principal office address MUST BE A STREET.	ADDRESS)		
			.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address l		Is, enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			1637
	Enter Florida st	reet address	
		Florida	
	Ciţv		Zip Code
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performance of my over the ved agent as provided for in Chap istered office address, I hereby co	hities, and Lam far ter 605, F.S. Or, if	e to comply with the nilities with and this document is
	If Changing Registered Agent, S	ignature of New Regis	tered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde</u> or removed from <u>our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			⊡Remove
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			\(\tag{\tau} \)
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
			□Remove
			5 00

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated JANUARY 29 J021 .