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K.SALY EXAMINER OCT 18 2015

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: CLEA	AN LIVING Name of Limited	Book Publish Liability Company	ing, LLC
The enclosed Articles of Am	nendment and fee(s) are submit	tted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Kim	beny Perru Name of Person	
		Firm/Company	
		7 Westover Re	eserve Blud.
-	Vana	City/State and Zip Code Kimberly Perly be used for future annual report notification	786 1.02G
For further information cond	erning this matter, please call:		•
Kimberli Name of P	Troon PERY	at (<u>AV 8</u>) 300 - Area Code Daytime Tele	cphone Number
Enclosed is a check for the f	ollowing amount:		
\$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

2015 OCT 12 PM 4: 05 ARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on August 34, 3015 and assigned Florida document number L 130000 625/09 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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: FILED MGR = Manager 2015 OCT 12 PM 4: 05 Type of Action AMBR = Authorized Member Address **Title** Name SECRETARY OF STATE FALL AHASSEE, FLORID: □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change

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	2015 OCT 12 PM 4: 0
	TALLAHASSEE, FLORIDA
	- TALLAHASSEE FLOATE
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fec	etive date, if other than the date of filing: (optional) ffective 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 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
e re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	e 90th day after the record is filed.
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atec	Signature of a member or authorized representative of a member Kimberly Derry

Page 3 of 3

Filing Fee: \$25.00