

LB3000155003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

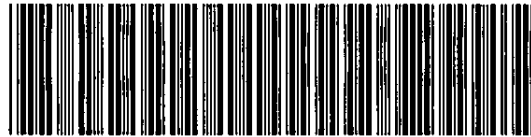
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan NOV 13 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **CLFL1 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:

**Jeffrey D. Ostlie**

Name of Person

**Law Office of Jeffrey D. Ostlie, P.A.**

Firm/Company

**19 E. Central Boulevard, Third Floor**

Address

**Orlando, Florida 32801**

City/State and Zip Code

**jeff@ostlielaw.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jeffrey Ostlie**

Name of Person

at ( **407** ) **330-5255**

Area Code & Daytime Telephone Number

Enclosed is a check for the following 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  
ARTICLES OF ORGANIZATION  
OF**

FILED

2013 NOV 12 PM 4: 42

CLFL1 LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 4, 2013 and assigned  
Florida document number L13000155003.

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 end with 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)

C/O 19 E. Central Boulevard

Third Floor

Orlando, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/o 19 E. Central Boulevard

Third Floor

Orlando, FL 32801

**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:

JEFFREY D. OSTLIE

New Registered Office Address:

19 E. Central Boulevard, Third Floor

*Enter Florida street address*

Orlando

*City*

, Florida 32801

*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 608, 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.*

*(Signature)*  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	8621403 Canada Corp.	218 Ashlar Road	<input checked="" type="checkbox"/> Add
		Richmond Hill, On L4C2W6	<input type="checkbox"/> Remove
MGRM	CLWY CORP.	125 S. KING STREET	<input type="checkbox"/> Add
		JACKSON, WY 83001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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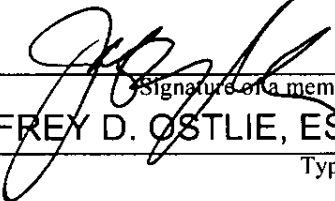
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Dated NOVEMBER 4, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JEFFREY D. OSTLIE, ESQ

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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