

L14 0000 43883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

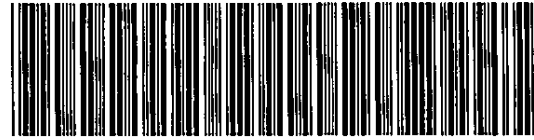
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JAN 18 2017
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLS13 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:

PETER M. STARLING
Name of Person
STARLING LAW, P.A.
Firm/Company
599 9TH STREET NORTH, SUITE 203
Address
NAPLES, FL 34102
City/State and Zip Code
PETER@STARLINGLAWFL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER M. STARLING at (239) 302-6062
Name of Person 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**

CLS13 LLC

(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 3/17/2004 and assigned Florida document number L14000043883.

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:

859 JOPONICA TERRACE

(Principal office address MUST BE A STREET ADDRESS)

LEHIGH ACRES, FL 33974

Enter new mailing address, if applicable:

859 JOPONICA TERRACE

(Mailing address MAY BE A POST OFFICE BOX)

LEHIGH ACRES, FL 33974

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:

JULIO DIAZ QUIROZ

New Registered Office Address:

859 JOPONICA TERRACE

Enter Florida street address

LEHIGH ACRES, FL

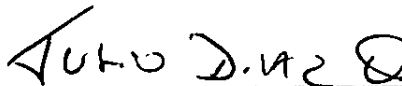
Florida 33974

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, I 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 removed from our records:

MGR = Mahager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CRISTIAN SIMUT	710 KENDALL DRIVE	<input type="checkbox"/> Add
		MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIO DIAZ QUIROZ	859 JOPONICA TERRACE	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33974	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THIS AMENDMENT IS BEING MADE AS A RESULT OF THE SALE OF THE COMPANY FROM

CRISTIAN SIMUT TO JULIO DIAZ QUIROZ.

Multiple horizontal lines for additional amendments.

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E. Effective date, if other than the date of filing: 1/5/17 (optional)

(If an effective 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 605.0207 (3)(b)

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 5, 2017

 Julio Diaz Quiroz
Signature of a member or authorized representative of a member

CRISTIAN SIMUT, WITHDRAWING MANAGER & JULIO DIAZ QUIROZ, ACTING MANAGER
Typed or printed name of signee