L14000190668

(Requestors	s Name)
(Address)	
(Address)	
(City/State/Z	(ip/Phone #)
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(Business E	ntity Name)
(Document	Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/21/2023	
Name:	Greg Pintacuda	_
Referenc	re #: 1969048	_
	me:CLC HO	LDINGS, LLC
☐ Ar	ticles of Incorporation/Authorization	to Transact Business
✓ An	nendment	
Cr	nange of Agent	
∏ Re	einstatement	
□ Co	onversion	
	erger	
☐ Di:	ssolution/Withdrawal	
┌ Fio	ctitious Name	
Ot	her	
Authorize Signature	ed Amount: \$25	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/21/2023	
	Greg Pintacuda	
Reference	#:1969048	
	e:CLC	HOLDINGS, LLC
☐ Artic	cles of Incorporation/Authoriza	ion to Transact Business
√ Ame	endment	
☐ Cha	nge of Agent	
☐ Rein	nstatement	
Con	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
۲ _. Ficti	tious Name	
Othe	er	
Authorizod	Amount: \$25	
Signature:	Amount: \$25	

F: +852.2682.9790

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
CLC Holdi	ngs, LLC		
SUBJECT:	Name of Lin	aited Liability Company	
The avalenced Articles of	Amendment and fee(s) are sub	amitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Sonia Lowe, Paralegal		
		Name of Person	
	Baker & Hostetler LLP		
		Firm Company	
	200 Civic Center Drive, S	uite 1200	
	-	Address	
	Columbus, Ohio 43215		
		City/State and Zip Code	
	devans@bakerlaw.com	to be used for future annual report not	
			meaton)
For further information c	oncerning this matter, please c	OH:	
Sonia Lowe		614 598-3033 at ()	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 APR 21 AH 10: 42

CLC Holdings, 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 $\frac{12/15/2014}{1}$ ____ and assigned Florida document number __L14000190668 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 _, Florida ___

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 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>	<u>Name</u>	Address	Type of Action
VP	Patrick Ingram	5780 Golden Hawk Way	
		Kissimmee, FL 34746	□Remove
			□Change
VP	Juan Jose Millan	5780 Golden Hawk Way	∑Add
	Kissimmee, FL 34746	□Remove	
			□Changc
_			□Add
			Remove
			Change
			□Add
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ffective date, if other than the an effective date is listed, the date must be comment's effective date on the Decement's effective date on the	ock does not meet the	applicable statute	ing or more than 90 days ry filing requirements	optional) after filing.) Pursuant to 6 , this date will not be li	05.0207 (isted as t
record specifies a delayed effectiv l is filed.	e date, but not an effec	ctive time, at 12:0	l a.m. on the earlier c	of: (b) The 90th day al	fter the
ated April 21	. 2023				
/s/ Graham Wildin	· ·				
	Signature of a member of	or authorized repres	entative of a member		

Filing Fee: \$25.00