

L15000040869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

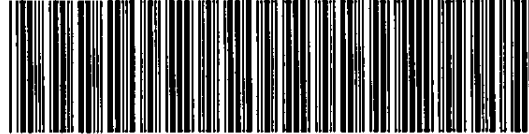
(Business Entity Name)

(Document Number)

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04/20/15--01016--022 \*\*25.00

FILED  
15 APR 20 PM 4:04  
REGISTERED STATE  
HALL-MANUSCRIPT DIVISION

M. MILLIGAN  
EXAMINER

MAY -4 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLIPPER SOUTH 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:

Maria D. Sariol, Esq.

Name of Person

Law Office of Maria D. Sariol, P.A.

Firm/Company

2525 Ponce de Leon Boulevard, Suite 300

Address

Coral Gables, Florida 33134

City/State and Zip Code

sterncastle@gmail.com

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

For further information concerning this matter, please call:

Maria D. Sariol, Esq.

at ( 305 ) 445-7577

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

Send  
with  
\$25 check  
to "Florida  
Department  
of State"

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Clipper South LLC

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

FILED  
15 APR 20 PM 4:04  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE STATE OF FLORIDA  
JANUARY 2015

The Articles of Organization for this Limited Liability Company were filed on March 5, 2015 and assigned  
Florida document number L15000040869.

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)

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:

Angela Stern

New Registered Office Address:

11806 Carissa Lane

Enter Florida street address

New Port Richey

City

Florida

34654

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.*

*[Signature]*  
**If Changing Registered Agent, Signature of New Registered Agent**

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Edward Stern	PO Box 481, 8 Mark Court	<input type="checkbox"/> Add
		Remsenberg, NY11960	<input checked="" type="checkbox"/> Remove
AMBR	Edward Sullivan	PO Box 481, 8 Mark Court	<input checked="" type="checkbox"/> Add
		Remsenberg, NY11960	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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APR 20 PM 4:00  
15

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

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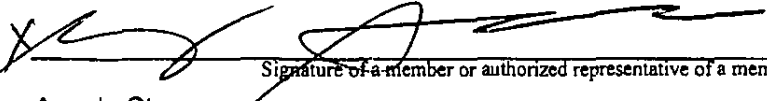
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 15, 2015



Signature of a member or authorized representative of a member

Angela Stern

Typed or printed name of signee

FILED  
15 APR 20 PM 14:06  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
MIAMI-DADE COUNTY, FLORIDA