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TILED STATE

AUG 2 3 2018 TLEMEUX

COVER LETTER

TO: Reg Div	istration Sec ision of Corp	tion orations		
CIBD ILAT.	Clenzoil Unl	imited LLC		
SUBJECT:		Name of Lim	ited Liability Company	<u>_</u>
The enclosed	I Articles of A	omendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Cindy Sarsen		
			Name of Person	
		Sarsen Law		
			Firm/Company	
		2561 Sunny Creek Drive		
			Address	
		Fleming Island, Fl 32003		
		csarsen@sarsenlaw.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further in	nformation co	ncerning this matter, please ca	all:	
Cindy Sarsei	1		813 453-7697	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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:

TO:

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

Clenzoil Unlimited LLC
(Name of the Limited Liability Company as it now appears on our records.)

Table 15 15 P 2 13 and assigned SECRETARY OF STATE FALLAHASSEE. FLORIDA gnation "LLC" or the abbreviation "L.L.C." or records, enter the name of the 1
SECRETARY OF STATE FALLAHASSEE. FLORIDA mation "LLC" or the abbreviation "L.L.C."
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ir records, enter the name of the i
street address
Florida
Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Chris Hoffman	36315 State Road 52 Dade City, FL 33525	
			Remove
			Change
		·	Add
			Remove
			Change
			Remove
			Change
· ———			
			□ Remove
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Flective date, if other than the date of filing:			
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