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# **COVER LETTER**

### **IMPORTANT INFORMATION:**

**COMPANY NAME: ALTON CLARK REFERRAL GROUP LLC.** 

**CONTACT PERSON: JAMES CLARK** 

PHONE: 407.575.7011

**ADDRESS:** 

240 SOUTH WESTMONTE DR. SUITE #1040 ALTAMONTE SPRINGS, FL 32714



#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ALTON CLARK REFERRAL GROUT LLL 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:
JAMES A CLARK Name of Person
ALTON CLARK REFERRAL GROUP LLC Firm/Company
240 SOUTH WESTMONTE DR # 1040
Address
ALTAMONTE SPRINGS, FR 32714  City/State and Zip Code
L-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES CLARK at (407) 575-7011  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

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

ALTON CLARK (Name of the Limited	REFERRAL GROUP Liability Company as it now appears on A Florida Limited Liability Company)	our records.)	·, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The Articles of Organization for this Limited Lial Florida document number 415000 655	bility Company were filed on $4/6$		and	assigne	ed
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liability company here:				
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the design	ation "LLC" or the	abhreviation	۱ "L.L.C.	**
Enter new principal offices address, if applical	ble:		I	20	
(Principal office address MUST BE A STREET	ADDRESS)			- <del>- K</del>	
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Enter new mailing address, if applicable:			me.		1 6 6
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			###		
B. If amending the registered agent and/or registered agent and/or the new registered offi		r records, <u>ente</u>	r the nai	me of s	the nev
Name of New Registered Agent:		······································			
New Registered Office Address:	Enter Florida s	tunat addinan			
	ETHEL PROFICES				
	City	, Florida _	Zip Co	 ode	
N. D. C. J.A. (1997) And C.			•		

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 = Manager AMBR = Authorized Member **Address Type of Action Title** Name 240 SOUTH WESTMONTE DR # 1040 XAdd YAMES A CLARK Mark ALTAMONTE SPRINGS, FL 32714 ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change Add ... ☐ Remove ☐ Change □ Remove ☐ Change

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