## 15000200109

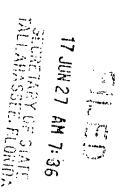
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration Se Division of Cor				
CLID		GROUP, LLC			
Name of Limited Liability Company					
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspo	ndence concerning this matter	to the following:		
		Raymond Graceffo			
			Name of Person		
		Str8line Group LLC			
			Firm/Company		
		2005 Vista Parkway suite	200		
			Address		
		West Palm Beach FL 3347	3		
			City/State and Zip Code	<del></del>	
		raymond@insuranceexpress E-mail address: (	s.com to be used for future annual report notif	ication)	
For fu	orther information co	oncerning this matter, please ca	·	,	
Raym	nond Graceffo		561 472.9864		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclo	sed is a check for th	ne following amount:			
<b>■</b> \$2	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

(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L15000200109	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the ne
Name of New Registered Agent:		ESS
New Registered Office Address:		
	Enter Florida street address	SS 2
	, Flori	da Zip Code
New Registered Agent's Signature, if changing Registered	City	Zip code
	<del></del>	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered agoing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and gent as provided for in Chapter 605, F.:	er agree to comply with the I am familiar with and S. Or, if this document is
		•
	If Changing Registered Agent, Signature of N	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Webb, Charles		
		450 W State st ste 215 Eagle ID 83t	Remove
			Change
AMBR	Raymond Graceffo	2005 Vista Parkway suite 200 West	Add
			□ Remove
			☐ Change
		<del></del>	Add
			☐ Remove
			Change
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			Remove
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<del></del>	· · · · · · · · · · · · · · · · · · ·		
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ective date, il otti i effective date is listed	er than the date of filid, the date must be specific a	nd cannot be prior to d	ate of filing or more than	90 days after filing.) Purs	uant to 605.020
	ted in this block does not late on the Department of		statutory filing require	ements, this date will r	not be listed as
record specifies	a delayed effective	date, but not a	n effective time, a	t 12:01 a.m. on tl	he eárlier o
Todora Specimes	er the record is filed	1.	Temeetive time, a	, , , , , , , , , , , , , , , , , , ,	ne carner o
he 90th day aft	110			و منتقر ر در منتقر	
he 90th day aft	1 1 7 1			The first	,
(/2	2///	_,			7
(/2	2/17				17 JU
(/2	2/17	,		CARAS LARAS	R NOF ZI
ted	2/// Signature of	a member or authorize	d representative of a mer	nber SX Y	7 JUN 27

Page 3 of 3

Filing Fee: \$25.00