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Division of Corporations

Fax. Number : (850) 617-6383

Account Name ; NEW START BUSINESS SOLUTIONS INC

Account Number : 12013000079

: (305)804-1047

Phone: Fax Number

: (866)767-7835

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLARK INVESTMENTS GROUP LLC

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From: Hector Rodriguez Fax: (866) 787-7835

## To: Sunbiz LLC Fax: +1 (850) 617-6383 Page 2 of 4 03/16/2016 9:09 PM ARTICLES OF AMENDMENT TO (((H16000067821.3)))

## ARTICLES OF ORGANIZATION

CLARK INVESTMENTS GROUP LLC			
(Name of the Limited Liability Com (A Florida Limite	npany as it now appe ed Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on <sup>(0</sup>	03/09/2016	and assigned
Florida document number. £16000048925			
This amendment is submitted to amend the following:	· .		
A. If amending name, enter the new name of the limited li	ability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			15 SE
(Principal office address MUST BE A STREET ADDRESS)			A A A A A A A A A A A A A A A A A A A
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Enter new mailing address, if applicable:			= 70
(Mailing address MAY BE A POST OFFICE BOX)	·		
	······································		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		on our records, <u>ente</u>	r the name of the ne
Name of New Registered Agent:		, , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:			
	.E.nter F	lorida street address	
	City	, Florida _	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manage	e <b>r</b>	(((H16	0000(67821.3)))
MBR = Authori	ized Member		
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	Signature of a member or author	rized representative of a memb	er .	•
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