

L16000132759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

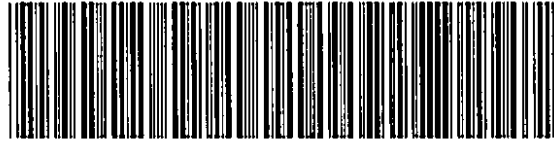
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100301646921

07/24/17--01044--023 **25.00

17 JUL 24 AM 09 48
FBI EL PASO
FBI EL PASO
FBI EL PASO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clary Industries
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:

Amanda Clary
Name of Person

Clary Industries
Firm/Company

2220 44th St. S.
Address

St. Petersburg, FL 33701
City/State and Zip Code

Amanda.clary14@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Clary at (813) 482-4770
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Clary Industries, LLC

17 JUL 24 AM 03:45

(Name of the Limited Liability Company as it now appears on our records) STATE OF FLORIDA
(Florida Limited Liability Company) TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/14/16 and assigned
Florida document number L16000132759

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 contain 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:

Amanda Clary

New Registered Office Address:

2220 44th St. S.

Enter Florida street address

St. Petersburg

City

Florida

33711

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.

A. Clary

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Amanda Clary	2220 44th St. S	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2220 44th St. S, St. Pete 33716	<input checked="" type="checkbox"/> Change
AMBR	Kevin Clary	2220 44th St. S, St. Pete 33716	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JUL 24 AM 03 45
SECURITY OF SPAIN
TALLAHASSEE FLORIDA

17 JUL 24 AM 04 45
SECURITY OFF STAFF
TALLMAN CASE FILE NO 100-100000

10

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 21, 2017

Adams
a member or authorized rep

Signature of a member or authorized representative of a member

Amanda Clary
Typed or printed name of

Typed or printed name of signee