## H7000000506

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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S. CHATHAM

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DIVISION OF CORPORATIONS

22 JUL -5 PM 3: L 1

## **COVER LETTER**

| Division of Corpo             | rations   |   |  |
|-------------------------------|---|---|--|
| SUBJECT: The                  | Clix Gra  | inp LLC   | <del></del>  |
|                               | Name of Lin                                     | нео цаонну Сотрану  |  |
| The enclosed Articles of An   | nendment and fee(s) are sub                     | omitted for filing.   |  |
| Please return all correspond  | ence concerning this matter                     | to the following:   |  |
|                               | Edwar   | -d Hall   |  |
|                               |   | Name of Person  |  |
|                               | The   | C/\x Croup  | LLC  |
|                               |   | Firm Company  |  |
|                               | #200  | 260 Mont  | land Ave   |
|                               |   | Address   |  |
|                               | H1.   | tamonte Sp.   | rings FL 3270  |
|                               | E-mail address:                                 | City/State and Zip Code  Arrison @ Po  Ito he used for future annual report notif | rings FL 3270<br>Lyclix. com   |
| For further information cond  |   |   |  |
| Edward                        | Hall  | at (407) 369<br>Area Code Daytime   | 8282   |
| Name of Po                    | erson   | Area Code Daytime   | Telephone Number   |
| Enclosed is a check for the f | following amount:                               |   |  |
| \$25.00 Filing Fee            | □ \$30.00 Filing Fee &<br>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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Clix G  | froup LLC  |                          |
|---|--|--------------------------|
| (Name of the Limited Liability Compa (A Florida Limited   | any as it now appears on our records.)<br>Liability Company) |                          |
| The Articles of Organization for this Limited Liability Company Florida document number                           | were filed on $12  30 2$                                     | and assigned             |
| This amendment is submitted to amend the following:   |  |                          |
| A. If amending name, enter the new name of the limited liab   | pility company here:   |                          |
| The new name must be distinguishable and contain the words "Limited Liab  | ility Company," the designation "LLC" or the a               | bbreviation "L.L.C."     |
| Enter new principal offices address, if applicable:   |  |                          |
| (Principal office address MUST BE A STREET ADDRESS)   |  |                          |
|   |  | 2 D                      |
|   |  | ionsi<br>Sections        |
| Enter new mailing address, if applicable:   |  |                          |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | SALE                     |
|   |  | <b>교</b> 수요 .            |
|   |  | <b>4</b> 39              |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the nam                        | ne of the new registered |
| Name of China Danish and America  |  |                          |
| Name of New Registered Agent:   |  |                          |
| New Registered Office Address:  | Enter Florida street address                                 |                          |
|   | Zinci i in mi m cer uzir an                                  |                          |
|   | , 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 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> | Name         | Address                         | Type of Action              |
|--------------|--------------|---------------------------------|-----------------------------|
| MGR          | Marilon Hall | 260 Maitland Ave                | <u>:</u> XAdd               |
|              |              | Ste 200<br>Altamonte Springs FL | □Remove<br>32701<br>□Change |
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| •                           |   |                        | ·                                     |                           |                   | OK.             |
|                             |   |                        |                                       | <u> </u>                  |                   |                 |
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| If an effectiv              | date, if other than the dat                                     | specific and cannot be |                                       |                           | filing.) Pursua   |                 |
|                             | he date inserted in this block of seffective date on the Depart |                        |                                       | ling requirements, this   | date will no      | of he fisted as |
| e record sp<br>rd is filed. | pecifies a delayed effective da                                 | te, but not an effecti | ve time, at 12:01 a,r                 | n, on the earlier of: (b) | The 90th          | day after the   |
| Dated                       | 06/27/202   | 2                      | ·                                     |                           |                   |                 |
|                             |   | Z X Ha                 | ep                                    |                           |                   |                 |
|                             | Sign  | nature of a member or  | authorized representat                | ve of a member            | <u>-</u>          |                 |
|                             | A   | rd N Ha                |                                       |                           |                   |                 |

Filing Fee: \$25.00