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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	ration Sect on of Corpo			
SUBJECT:	ne Clohver !	Doc, LLC		
		Name of Lim	ited Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all	l correspond	dence concerning this matter	to the following:	
		Dr. LaToyia K Johnson		
			Name of Person	
		The Clohver Doc, LLC		
			Firm/Company	Tode Solution Daytime Telephone Number
		6822 22nd Ave North, PM	В 159	
			Address	
		Saint Petersburg, Florida 3.	3710	
			City/State and Zip Code	
		4leafclohver@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For further info	rmation con	cerning this matter, please ca	all:	
Dr. LaToyia K	Johnson		912 660-9817	
	Name of F	Person	Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	following amount:		
□ \$25.00 Filir	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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**

The Clohver Doc, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) inited Liability Company)	
The Articles of Organization for this Limited Liability Con-	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		77 CE
Principal office address MUST BE A STREET ADDRE.	<u></u>	
		SS
Enter new mailing address, if applicable:		ن د د د د د د د د د د د د د د د د د د د
(Mailing address MAY BE A POST OFFICE BOX)		NO.
B. If amending the registered agent and/or register	red office address on our records, ea	nter the name of the ne
registered agent and/or the new registered office addres		
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	, 1 10110	a

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 = N $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	- 		Add
			□ Remove
		·	☐ Change
			
			□ Remove
			☐ Change
			Add
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effect <u>e:</u> If	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Puthe date inserted in this block does not meet the applicable statutory filing requirements, this date will's effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 0th day after the record is filed.	the earlier
ed	Jebruary 2. 2018.	
	Or Harano Kan non	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00