117000029812

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, (Ad	dress)	
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COVER LETTER

FO: Registration S Division of Co	Section orporations / .		
CLEARE	ED FOR CLOSING LLC	4	
<u>ш</u>	Name of Lim	nited Liability Company	The base of the second the second that are the second t
he enclosed Articles o	. of Amendment and fee(s) are sub	omitted for filing.	
lease return all corresp	condence concerning this matter	to the following:	
	DAVID GAUDREAULT		
		Name of Person	
	CLEARED FOR CLOSIN	IG LLC	
		Firm/Company	
	855 BAYWAY BLVD 60	6	
		Address	
	CLEARWATER FLORID	OA 33767	
		City/State and Zip Code	
	DAVID@CTCPROCESSI		· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report notif	ication)
or further information	concerning this matter, please concerning the con	all:	
DAVID GAUDREAU	LT	978 968 0945 at ()	
Name	of Person	Area Code Daytime	e 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

CLEARED FOR CLOSING LLC

	(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Horida document number L17000029812		y were filed on <u>02/07/2017</u>	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited lia	bility company here:	
SAME			
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	SAME	
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		SAME	
Mailing address MAY BE A POST OFFICE	BOX)		
3. If amending the registered agent and/			ter the name of the new
registered agent and/or the new registered of Name of New Registered Agent:	SAME	<u> </u>	
Name of New Registered Agent:		Enter Florida street address	
		Enter Florida street address , Florid a	
Name of New Registered Agent:		Enter Florida street address	Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CHERYL MEADER	855 BAYWAY BLVD 606	
		CLEARWATER FLORIDA 33767	□ Remove
			□ Change
			·
			Remove
			☐ Change
			Add
			□ Remove
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<u>Note:</u> If documen	the date inserted in this block does t's effective date on the Department of the specifies a delayed effective.	ve date, but not an effective time, at	nents, this date will not be listed as t
	Oth day after the record is fi		
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The 9	Way 3 Oan Signature	Selfcace De authorized representative of a member of a	ASSER ARY ARY
The 9	Way 3 Oan Signature	Blanden	ASSE AASSE

Filing Fee: \$25.00