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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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D. SCOTT MAR 3 0 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cloudy LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	-i.a -4
Please return all correspondence concerning this matter to the following:	
Ruben Bustos Name of Person	R 29 PH 3
Firm/Company	器 8
9251 NW 114# ST AYT 2 Address	
Hialeah Gardens/FL 33018 City/State and Zip Code Ruben by Stoc 33 @ Gmcil. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Puber Bustos Name of Person at (786) 359-312 Area Code Daytime Telephone Number	<u>S</u>
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e 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

<u>Clo</u>	udy, L	LC		
(Name of the Limi	(A Florida Limited I	ny as it now appears on or liability Company)	ur records.)	
The Articles of Organization for this Limited I Florida document number L1700051	iability Company	were filed on $3/$	6/201	7 and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		second -
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	tion "LLC" or the ab	breviation L.C.
Enter new principal offices address, if appli	cable:		······································	<u> </u>
(Principal office address MUST BE A STREE	ET ADDRESS)		,	M9 2 0
				300 30 00 00 00 00 00 00 00 00 00 00 00
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
	·~ "		·	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	office address her		OS ST A eet address	PT 2 33018
	j	City		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

- 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> **Address Type of Action** _□ Add _□ Remove __ Change _□ Add ☐ Remove □ Change □ Add □ Romove O Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

☐ Remove

_ Change

Effective date, if other than the date of filing: (optional) (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 605.02 Mote: (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 90th day after the record is filed. Dated (Date of a member of a member of a member of a member of a member)	····	····	 			
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Filing Fee: \$25.00