

LI7000B1053

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(Address)

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(City/State/Zip/Phone #)

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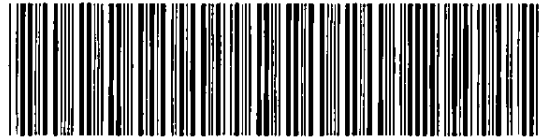
(Business Entity Name)

(Document Number)

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2024 APR -9 PM12:11

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nale Clermont, LLC

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:

Cliff Levy

Name of Person

Nale Clermont, LLC

Firm/Company

3641 W. Kennedy Blvd., Suite A

Address

Tampa, FL 33609

City/State and Zip Code

Cliff@icisc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johna O'Hara

813

353-2220

at (_____) _____

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
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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 APR -9 PM12:11

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Nale Clermont, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/15/2017 and assigned
Florida document number L1700031053

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: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

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

FILED
2024 APR - 9 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FL

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	Jordan Levy	3641 W. Kennedy Blvd, Suite A, Tampa, FL 33609	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Grant Levy	3641 W. Kennedy Blvd, Suite A, Tampa, FL 33609	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shayla Ahern	3641 W. Kennedy Blvd, Suite A, Tampa, FL 33609	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Casey Ahern	3641 W. Kennedy Blvd, Suite A, Tampa, FL 33609	<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

2011 APR 19 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

WTTW
L. 60ES
N. 101 6707

E. Effective date, if other than the date of filing: _____ (optional)

(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 60 FR 207 (3/1/95)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

2024 APR -9 PM 8:11
SEC. TROY OF DATE
TALLAHASSEE, FL

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 March 25, 2024

Signature of a member or authorized representative of a member

Cliff Levy

Typed or printed name of signee

Filing Fee: \$25.00

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L17000131053
FILED 8:00 AM
June 15, 2017
Sec. Of State
nccoop**

Article I

The name of the Limited Liability Company is:

NALE CLERMONT, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

3641 W. KENNEDY BLVD., SUITE A
TAMPA, FL. 33609

The mailing address of the Limited Liability Company is:

3641 W. KENNEDY BLVD., SUITE A
TAMPA, FL. 33609

Article III

The name and Florida street address of the registered agent is:

CLIFF LEVY
3641 W. KENNEDY BLVD., SUITE A
TAMPA, FL. 33609

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CLIFF LEVY

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
CLIFF LEVY
3641 W. KENNEDY BLVD., SUITE A
TAMPA, FL. 33609

Title: AMBR
NALE DEVELOPMENTS (FLORIDA), INC.
3641 W. KENNEDY BLVD., SUITE A
TAMPA, FL. 33609

L17000131053
FILED 8:00 AM
June 15, 2017
Sec. Of State
nccooper

Article V

The effective date for this Limited Liability Company shall be:

06/15/2017

Signature of member or an authorized representative

Electronic Signature: CLIFF LEVY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.