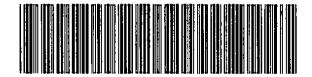
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DIVISION OF CONFORMION OF SAME

T. MATTHEWS

JUL -6 2022

## **COVER LETTER**

	Registration Se Division of Cor			4	, as
		Clemens LLC		•	i e e e e e e e e e e e e e e e e e e e
SUBJEC	Л:	Name of Lin	nited Liability Company		
The and	o soal Amitol so of	Annandaring and East Norwall	ancie a I Car Clina		
		Amendment and fee(s) are sub indence concerning this matter	•		
r lease re	turii ari correspo	indence concerning this matter	to the following.		
		David Clemens			
			Name of Person		
		David K. Clemens LLC			
			Firm/Company		
		2541 N Dale Mabry Hwy	126		
			Address		
		Tampa FL 33607			
			City/State and Zip Code		<del></del>
		david@dkclending.com  E-mail address: (	to be used for future annual re	port notification	1)
For furth	er information c	oncerning this matter, please c			
David C	lemens		518 852- at ( )	1231	
	Name o	f Person	Area Code	Daytime Telep	phone Number
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Add Registrat	Iress: ion Section	
	Division of C	orporations	Division	of Corporat	
	P.O. Box 632 Tallahassee, I			tre of Tallah Monroe Stre	assec et, Suite 810

Tallahassee, FL 32303

## 

22 MAY -9 AM !!: 06

David K. Clemens LLC

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

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 "LLC."  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:   David K. Clemens	The Articles of Organization for this Limited	Liability Company were	filed on <u>07/06/2017</u>	and assigned
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:   David K. Clemens				
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:   David K. Clemens	This amendment is submitted to amend the fol	llowing:		
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:   David K. Clemens	A. If amending name, enter the new name	of the limited liability c	ompany here:	
(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:   David K. Clemens	The new name must be distinguishable and contain the	words "Limited Liability Cor	npany," the designation "LLC" o	or the abbreviation "L.L.C."
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:   David K. Clemens     New Registered Office Address:   1301 S Howard Ave, #A16     Enter Florida street address	Enter new principal offices address, if appli	icable:		
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:   David K. Clemens     New Registered Office Address:   1301 S Howard Ave, #A16     Enter Florida street address     Tampa	(Principal office address MUST BE A STRE	ET ADDRESS)		<del></del>
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:   David K. Clemens     New Registered Office Address:   1301 S Howard Ave, #A16     Enter Florida street address     Tampa				
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:   David K. Clemens     New Registered Office Address:   1301 S Howard Ave, #A16     Enter Florida street address     Tampa	Park and the second state of the second state of			
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:   David K. Clemens				
Name of New Registered Agent:  New Registered Office Address:  David K. Clemens  1301 S Howard Ave, #A16  Enter Florida street address  Tampa  33606	(Mailing address MAY BE, A POST OFFICE	<u> </u>		
Name of New Registered Agent:  New Registered Office Address:  David K. Clemens  1301 S Howard Ave, #A16  Enter Florida street address  Tampa  33606				
Name of New Registered Agent:  New Registered Office Address:  1301 S Howard Ave, #A16  Enter Florida street address  Tampa . Florida 33606	B. If amending the registered agent and/or	registered office addres	ss on our records, enter th	ie name of the new register
New Registered Office Address:  1301 S Howard Ave, #A16  Enter Florida street address  Tampa Florida 33606	agent and/or the new registered office addr	ess here:		
Enter Florida street address  Tampa . Florida 33606	Name of New Registered Agent:	David K. Clemens		
Enter Florida street address  Tampa Florida 33606	New Registered Office Address:	1301 S Howard Ave, #A16		
$\frac{Tampa}{\mathit{City}} Florida \frac{33606}{\mathit{Zip\ Code}}$		Enter Florida street address		
City Zip Code		Tampa	Flor	ida <sup>33606</sup>
		C	ity	Zip Code

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>	<u>Address</u>	Type of Action
AMBR	David K, Clemens		□ Add
			□Remove
		1301 S Howard Ave, #A16, Tampa, FL 33606	■ Change
			□Add
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ffective date, if other that an effective date is listed, the dote: If the date inserted in occument's effective date on	ate must be specific a this block does no	and cannot be prion t meet the applic	cable statutory fili	(option more than 90 days after ing requirements, this	Filing ) Dumment to 605 00
ecord specifies a delayed e. is filed.	fective date, but n	ot an effective t	ime, at 12:01 a.m	. on the earlier of: (b)	) The 90th day after th
		2022			
April 29th		_,	<b>— ·</b>	_	
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Filing Fee: \$25.00