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J. HARRIES

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: C L (S L L C Name of Limited Liability Con	npany
	quity
The enclosed Articles of Amendment and fee(s) are submitted for filing	
Please return all correspondence concerning this matter to the following	;
YC(ANDA D. Name of P	NICLENA
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rimeCon	in the contract of the contrac
2008 BOW	EN DL
OR(ANDO; F	C,32822
DAY CENILLENA @ HE	Zip Code DTHAIL, COM
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	
YOLWDA D. VICLENA a1,32	1,347-6741
Name of Person Area (Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Fi Certificate of Status Certified (additional	

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 ARTICLES OF ORGANIZATION

CLIS LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 47000177430	were filed on $\frac{8/18/201}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ollity company here:
NA	
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	2008 BOWEN DR. OR(ANDO; FC; 32722
(Principal office address MUST BE A STREET ADDRESS)	OR(ANDO, FC, 32 122
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2008 BOWEN DR. ER(ANDO; FC, 32822
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	<u></u>
Name of New Registered Agent:	S BOWEN DR
New Registered Office Address: 200	OS BOWEN DR
	Enter Florida street address
- CR	Florida 32822 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•
hereby accept the appointment as registered agent and agr	
-nereny accept the appointment as registered agent and agr	ec to act in this capacity. I juriner agree to comply with in

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

	ing Authorized Person(s) authorized to man	age, enter the title, name, and address of each	person being added
MGR = AMBR =	Manager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
ANBR	YOLANDA	D. VILLENA	2008 BOWEN DR CALANDO; FC; 32822	i Add
			MANDO; FC; 32822	□ Remove
				☐ Change
MGR	PARCO A. IN	iGUE Z DERDUG	60 7/1 SUNFLOWER TRAIL	<u> </u>
			OR(ANDE; FC 32828	@ Remove
				Change
AHBR	MARCO A. I	DIEUEZ VERDYE	a zool Bowen DR	@ Add
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<u>ote:</u> I	ve date, if other than the ctive date is listed, the date in If the date inserted in this bent's effective date on the I	lock does not m	eet the applicabl			ng.) Pursuant to 605.020
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	90th day after the re					986
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Filing Fee: \$25.00