

L17000246320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

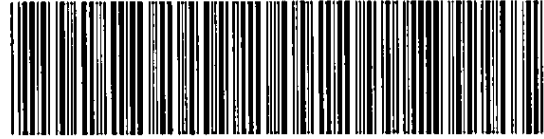
(Business Entity Name)

(Document Number)

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2019 OCT -4 P 12:46

FILED

OCT 21 2018
T. LEMIEUX

Law Office of Mitchell I. Fried
Attorney and Counselor At Law

Scan Design Building
999 Douglas Avenue, Suite 3320
Altamonte Springs, Florida 32714

Phone 407-682-1331 Fax 407-682-2011

Admitted to Practice in
Florida and New York

Business Law - Probate
Real Estate - Personal Injury

E-Mail: mfriedlaw@earthlink.net

Web: www.mfriedlaw.com

October 2, 2019

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CLINCLOUD LLC
L17000246320

Articles of Amendment to Articles of Organization

Dear Clerk:

Please be advised that this office represents CLINCLOUD LLC, a Florida limited liability company.

I am enclosing herein Cover Letter and Articles of Amendment to Articles of Organization of CLINCLOUD, together with my check in the amount of \$25.00, payable to the Florida Department of State.

Please process the amendment.

Yours truly,


Mitchell I. Fried

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLINCLOUD 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:

Mitchell I. Fried, Esq.

Name of Person

Mitchell I. Fried, Esquire

Firm/Company

999 Douglas Ave., Suite 3320

Address

Altamonte Springs, Florida 32714

City/State and Zip Code

mfriedlaw@earthlink.net

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

For further information concerning this matter, please call:

Mitchell I. Fried, Esq.

407

682-1331

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 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**

CLINCLOUD LLC

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

FILED

2019 OCT -4 PM 46
DECEMBER 1, 2019

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L17000246320

CLERK OF COURT
TALLAHASSEE, FLORIDA

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)

1640 N. MAITLAND AVE.

SUITE 1000

MAITLAND, FL 32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1640 N. MAITLAND AVE.

SUITE 1000

MAITLAND, FL 32751

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:

MITCHELL I. FRIED, ESQ.

New Registered Office Address:

999 DOUGLAS AVE., SUITE 3320

Enter Florida street address

ALTAMONTE SPRINGS

, Florida 32714

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>	<u>Address</u>	<u>Type of Action</u>
MGR	VISHNUKARTIK NITTA	612 SCARBOROUGH PASS ROAD	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESSICA N. BRANNING	1640 N. MAITLAND AVE	<input type="checkbox"/> Add
		SUITE 1000	<input type="checkbox"/> Remove
		MAITLAND, FL 32731	<input checked="" type="checkbox"/> Change
MGR	ORLAN ROMM	1640 N. MAITLAND AVE.	<input checked="" type="checkbox"/> Add
		SUITE 1000	<input type="checkbox"/> Remove
		MAITLAND, FL 32731	<input type="checkbox"/> Change
MGR	JOHN NEILL	1640 N. MAITLAND AVE.	<input checked="" type="checkbox"/> Add
		SUITE 1000	<input type="checkbox"/> Remove
		MAITLAND, FL 32731	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 605.0207 (3)(b)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee