47000251627

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SEP SO 2021

COVER LETTER

	ration Section n of Corporations				
Cla	aflin Consulting Services LLC				
	Name of Limited Liability Company				
	ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following:				
	Text Susan Claflin				
	Name of Person				
	Name of Fedson				
	Claflin Consulting Services LLC				
	Firm/Company				
	1900 SE 2nd St, Unit 501				
	Address				
	Deerfield Beach, FL 33441				
	City/State and Zip Code	s ~2			
	sc1900db@gmail.com				
For further inform	E-mail address: (to be used for future annual report notifination concerning this matter, please call:	S 2021 SEP 2			
Susan Claflin	203 907-9141 at ()_	7			
		Telephone Number			
Enclosed is a chec	ck for the following amount:				
≘ \$25,00 Filing	Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$ \text{\$\Bigcup \$55.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailino /	Address: Street 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
he Articles of Organization for this Limited Liabilit lorida document number L17000251627	cy Company were filed on 12/8/2017	and assigned
his amendment is submitted to amend the following	;;	
If amending name, enter the new name of the l	limited liability company here:	
he new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registe	ered office address on our records, enter the	e name of the new regin
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registe	ered office address on our records, enter the	e name of the new regis
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered and/or the new registered office address here	ered office address on our records, enter the	e name of the new regis
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered and/or the new registered office address here Name of New Registered Agent:	ered office address on our records, enter the	2921 SEP 21 1.4

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 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
AMBR	The Twisted Stud Revocable Trust dated 9/13/21	1900 SE 2nd St. Unit 501, Deerfield Beach, FL 33441	! _≣Add
			_ 🗆 Remove
			_ 🗆 Change
MGR	Susan Claflin	1900 SE 2nd St, Unit 501, Deerfield Beach, FL 33441	_ 🗆 Add
			_ 🗆 Remove
			_ = Change
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to the specific and cannot be specific and	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0 lible statutory filing requirements, this date will not be listed)20 i a:
ecord specifies a delayed effective date, but not an effective tin is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
September 18, 2021 ,,		
System Cashiv Signature of a member or author		

Claflin Consulting Services LLC 1900 SE 2nd St, Unit 501 Deerfield Beach, FL 33441 (203) 907-9141 (mobile) sc1900db@gmail.com

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

September 18, 2021

Re: Claffin Consulting Services LLC Articles of Amendment

To Whom It May Concern,

Enclosed please find Articles of Amendment to add an Authorized Member and change Susan Claffin to Manager. Also enclosed is the filing fee.

Please do not hesitate to contact me with any questions.

Susan Claflin