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(Requ	uestor's Name)	_
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Clay Home Solutions 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:
Michelle L Smith
Clay Home Solutions LLC
2350 Pine Hollow Rd Address
Green Cove Springs FL 32043 City/State and En Code Clay Home Solutions agmail.com JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle L. Smith at (904) 449-9067 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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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

Clay Home So	Intions LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L18000105155</u>	Company were filed on 64/26/20	18 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company "the designation "LLC" or	the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	med maintify company, the designation line of	
	n.e.co	
(Principal office address MUST BE A STREET ADDI	(E33)	8 15 C
		CRE I
		20 SATE
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		X Š
		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		nter the name of the n
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	. Florid	a
	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 wit 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 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>	Address	Type of Action
MGR	NGUYEN, TIM	2350 Pine Hollow Rd	
		2350 Pine Hollow Rd 320 Green Cove. Springs FC	○ Ч ⊃ X Remove
			🗆 Change
			🗆 Add
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ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605. rements, this date will not be lister
record specifies a delayed effective date, but not an effective time, ne 90th day after the record is filed.	at 12:01 a.m. on the earlie
August 16 2018	
.a	
ed Hugust 16. 2018. Myssignature of a member of authorized representative of a member of	ember

Page 3 of 3

Filing Fee: \$25.00