

L18 000 107682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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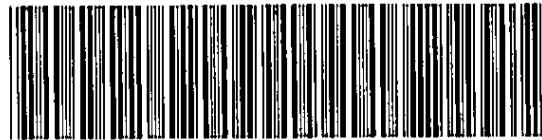
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CR INVEST, 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:

Sylvester R Clarke, Jr  
Name of Person  
CR INVEST, LLC  
Firm/Company  
676 NE Bent Paddle Lane  
Address  
Port St Lucie, FL 34983  
City/State and Zip Code  
clarkecapitalinvestors@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvester R Clarke, Jr at ( 772 ) 206-6766  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing 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**

CR INVEST, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/30/2018

Florida document number 118000107682

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Clarke Capital Holdings, LLC

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:**

5475 NW St James Dr #422

**(Principal office address MUST BE A STREET ADDRESS)**

Port St Lucie, FL 34983

**Enter new mailing address, if applicable:**

5475 NW St James Dr #422

**(Mailing address MAY BE A POST OFFICE BOX)**

Port St Lucie, FL 34983

**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:

Sylvester R Clarke, Jr

New Registered Office Address:

5475 NW St James Dr #422

*Enter Florida street address*

Port St Lucie

Florida 34983

*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>                      |
|--------------|------------------------|----------------------|--|
| President    | Sylvester R Clarke, Sr | 14971 SW Indian Ave  | <input type="checkbox"/> Add               |
|              |                        | Indiantown, FL 34956 | <input type="checkbox"/> Remove            |
|              |                        |                      | <input checked="" type="checkbox"/> Change |
| VP           | Sylvester R Clarke, Jr | 14971 SW Indian Ave  | <input type="checkbox"/> Add               |
|              |                        | Indiantown, FL 34956 | <input type="checkbox"/> Remove            |
|              |                        |                      | <input checked="" type="checkbox"/> Change |
| VP           | Jordan S Clarke        | 14971 SW Indian Ave  | <input checked="" type="checkbox"/> Add    |
|              |                        | Indiantown, FL 34956 | <input type="checkbox"/> Remove            |
|              |                        |                      | <input type="checkbox"/> Change            |
|              |                        |                      | <input type="checkbox"/> Add               |
|              |                        |                      | <input type="checkbox"/> Remove            |
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|              |                        |                      | <input type="checkbox"/> Add               |
|              |                        |                      | <input type="checkbox"/> Remove            |
|              |                        |                      | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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

Sylvester Clarke  
Typed or printed name of signee