# 48000219550

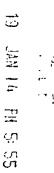
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

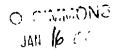
Office Use Only



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### COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Clement Real Estate 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:
Joan Raid
Name of Person  Clement Pool Estate LLC  Firm/Company
7918 Chateau Dr S. Jax, FL, 32221
Tax, FL, 32221  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 418 - 3600 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

#### 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 ORGANIZATION OF

Clament Real Fetate 1	1C	
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)	,
The Articles of Organization for this Limited Liability Company vi Florida document number <u>LI8000219550</u> .	vere filed on <u>September 14<sup>th</sup></u>	20 Land assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7918 Chateau Drs	Jax PL 32221
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		72
B. If amending the registered agent and/or registered office address here:	ice address on our records, <u>ente</u>	ഗ്വ r the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
Enter Florida street address		
	City Elorida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	cus	zy coue
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am covided for in Chapter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Type of Action **Address Name** <u>Title</u> Topiz Reid 7918 Chatcau DrS Jax FL Remove 3222 □ Change Topaz Reid 7918 Chateau Dr S Jax, FL 32221 ☐ Remove ☐ Change ☐ Add □ Remove در انگا □ Change <u>≂</u> □ Add ⊒ ∰□ Remove ☐ Change

Topiz Preid's membership inter	
in half (501) between the	remaining members:
Jan Raid	d .
Samuel Beid	
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	55 
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to the listed date inserted in this block does not meet the application document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as
ne record specifies a delayed effective date, but not	t an effective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed	
Dated	Σ΄. Λ
Ban	1ercy
Signature of a member or author	rized representative of a member
/oan	heid
Typed or printed	I name of signee

Page 3 of 3

Filing Fee: \$25.00