48000281861

(Requestor's Name)
(Address)
. (Address)
(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



800419433278

11/28/23--01010--006 **541.25

2023 HOV 28 PM 12: L.O.



COVER LETTER

TO:

TO: Registration Se Division of Cor			
Clearpath F	inancial LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Stanley Nieminski		
		Name of Person	
		Firm/Company	
	4794 SE 94th Ave		
		Address	<u>, </u>
	Wbster, Florida 335597		
		City/State and Zip Code	
	Stan@cpfadvisors.net		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)
Stanley Nieminski		847 343- 9498 at ()	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address: Registration S	ection
Registration Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on 12/07/2018		
he Articles of Organization for this Limited Liability Company were filed on 12/07/2018		
. , , . ===============================	and assign	ned
lorida document number L18000281861		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company here:		
learPath Financial Florida LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C	
nter new principal offices address, if applicable:	20	Ξ
Principal office address MUST BE A STREET ADDRESS)		至
The part of the man control of the second of	QV	7E 4
	N 8	C.
	טר	71.5
nter new mailing address, if applicable:		C
Mailing address MAY BE A POST OFFICE BOX)	- <u>19</u>	
	- 0	<u>ئى</u>

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>	Address	Type of Action
			□Remove
			□Change
			□Add
			Remove
			□CABange SIV.
			2009 NO V A PR
			Remove? □ Remove? □ Change
			□ C
			Remove
			□Change
			□Add
			Remove
			🗀 Add
			Remove
			□Chanve

Page 2 of 3

					· · · · · · · · · · · · · · · · · · ·			
			<u> </u>					
						•		
								
			~		_			
			•	_ , ,				
				 				2023
							<u>-</u>	2027 NOV 28
								<u></u> 2≈
							-	
								PH 17
								0.1
								
						_		
ffective date, if other than the d	ate of filin	1g:				(optio	nal)	
an effective date is listed, the date must bote: If the date inserted in this bloc	e specific an	ia camioi be j	ргиот то ави	or many or	more than 9) days after :	liling.) Purst	iant to 605.0
ocument's effective date on the Dep	artment of	State's reco	ords.	iaiaiory iiii	ng roquire	, , , , , , , , , , , , , , , , , , ,		
e record specifies a delayed	effective	date, but	not an	effective	time, at	12:01 a	.m. on th	ne earlie
The 90th day after the recor	u is med	•						
November 16		2023						
ared			11.//	•				
	/12 /1/	1	11/16/					
	ga	theraber or				(

Page 3 of 3

Filing Fee: \$25.00