## 118000284053

		_
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<del></del>
(Cil	ty/State/Zip/Phone	= <del> </del>
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	<del>.</del>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
/		

Office Use Only



300385216693

04.11/02--01944--004 ##26.00

SECRETARY OF STATE SECRETARY OF STATE

O SIMMONS MAY 0 3 2022

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations	<b></b>	
	ual Services, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Heather Lawson-Bradfield		
		Name of Person	
	The Clover Collective, LL	С	
		Firm/Company	
	150 E Tarpon Ave #4		
		Address	<u>.                                    </u>
	Tarpon Springs, FL 34689		
	<u> </u>	City/State and Zip Code	
	heather@cloverservices.co	to be used for future annual report not	(harrian)
For further information c	n,-mail address: () oncerning this matter, please or		meadon)
Heather Lawson-Bradfie	•	813 666-5468	
Name of Person			ie Telephone Number
Name o	i i erson	Arca Code (Zayum	ic recondition values
Enclosed is a check for the	ne 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 Address		<u>Street Address:</u> Registration Se	etion
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT FILED ARTICLES OF ORGANIZATION 2022 APR 11 AM 7: 28 **OF**

company has been notified in writing of this change.

	OF	ZUZZ ALK IT MIT	, <u>-</u> -
Clover Virtual Services, LLC	- C	SECRETARY OF TALLAHASSE	STATE E, FL
(Name of the Limited Liability (A Florida)	Limited Liability Com	pany)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000284053</u>		on <u>04/01/2022</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability compa	iny here:	
The Clover Collective, LLC			
The new name must be distinguishable and contain the words "Limit	led Liability Company.	" the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)	· · · · · ·	
	<del>-</del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
(Maning address MAT BE A FOST OF FICE BOX)	<del></del>	<del></del>	
B. If amending the registered agent and/or registered	office address on	our records, enter the name	of the new registere
agent and/or the new registered office address here:		<del></del>	<del></del> "
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Ent	ter Florida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a	md agree to act in	this capacity. I further agr	ee to comply with th
provisions of all statutes relative to the proper and co	mplete performan	ice of my duties, and I am fo	miliar with and
accept the obligations of my position as registered ag	ent as provided fo	r in Chapter 605, F.S. Or. i	f this document is

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
			□Add
		<del></del>	Remove
		<del></del>	Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
		<del></del>	□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

## Page 2 of 3

	_ <del></del>	····	_		
			<del></del> -		
	· · · · · ·				
<del>.</del>					
<del></del>					
		<del></del>			
			<u>.</u>		
		<u> </u>			
<del></del>					
	<del></del> -				
ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	he specific and cannot ck does not meet the	applicable statutory	or more than 90 days at		
e record specifies a delayed The 90th day after the reco		out not an effecti	ve time, at 12:01	a.m. on the earlie	rof
ated April 3	2022				
	Signature of a member	or authorized represent	ative of a member		

Page 3 of 3

Filing Fee: \$25.00