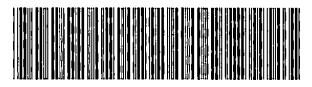
## L19000036345

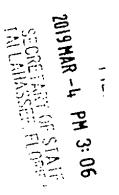
(Re	questor's Name)	
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## **COVER LETTER**

	ision of Corp					
SUBJECT:	Deidre McC	lain L.L.C.				
SOMECT.		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub-				
		Deidre McClain				
		Deidre McClain L.L.C.	Name of Person		<b>2</b> 0	
		2742 Olde Cypress Drive	Firm/Company		2019 MAR - 4 PM 3: 06 SECRETARY OF STATE FALLAMESSEE, FLORE	F <sub>A</sub>
		Naples, FL 34119	Address		L PH 3	mas.
		dmcclain@snet.net	City/State and Zip Code	<del></del>	AIF	
			to be used for future annual report notifi	cation)		
For further i	nformation co	oncerning this matter, please ca	all;			
Deidre McC	Clain		203 240-7366 at ( )			
	Name of	Person	Area Code Daytime	Telephone Number	-	
Enclosed is	a check for th	e following amount:				
<b>≘ \$</b> 25.00 ĭ	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &	

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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deidre McClain L.L.C.		
(Name of the Limited Limbility Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number £19000036345	were filed on February 19, 2019	and assigned
This amendment is submitted to amend the following:		
This affendment is submitted to affend the following.		
A. If amending name, enter the new name of the limited liab	ility company here:	
	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		上門景
		一端よる
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ia <b>o</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo <b>rid</b> a	. <u> </u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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>	Name	<u>Address</u>	Type of Action
AR	McClain.Thomas P	2742 Olde Cypress Dr Naples,FL34110	□ Add
			Remove
			Change
			Add
			Remove
			2019 HAR
			D'Add Remode
			O Grange
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.) Pursuant to 605.0207 (3)(b) will not be fished as the
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on the earlier of:
<u>:</u> :
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Page 3 of 3

Filing Fee: \$25.00