

L20 0000043890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

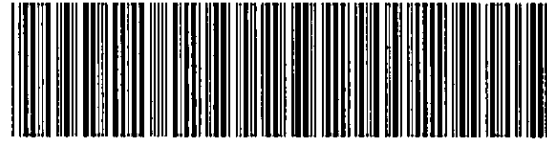
(Business Entity Name)

(Document Number)

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ST. CLAIR  
CLERK OF COURT  
JULIA A. BROWN, CLERK

O SIMMONS

MAR 21 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLERMONT COMMUNITY SERVICES  
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:

FRYTS CLERMONT

Name of Person

CLERMONT COMMUNITY SERVICES

Firm/Company

1633 PINE RIDGE DRIVE

Address

DAVENPORT, FLORIDA 33896

City/State and Zip Code

FRYTSCLERMONT@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRYTS CLERMONT 863 8082135  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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**

CLERMONT COMMUNITY SERVICES

(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 FEBRUARY 6TH, 2020 and assigned  
Florida document number L20000043890.

This amendment is submitted to amend the following:

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

CLERMONT COMMUNITY SERVICES

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

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

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

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

1633 PINE RIDGE DRIVE, DAVENPORT, FL 33896

**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:

FRYTS CLERMONT

New Registered Office Address:

1633 PINE RIDGE DRIVE

*Enter Florida street address*

DAVENPORT

*City*

Florida

33896

*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>
MGR	JEAN FRITZOU H CLERMONT	1633 PINE RIDGE DRIVE, DAVENPORT, FL 33896	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUNIOR WILLIAMSON CLERMONT	1633 PINE RIDGE DRIVE, DAVENPORT, FL 33896	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SADCHA S F CLERMONT	1633 PINE RIDGE DRIVE, DAVENPORT, FL 33896	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FL

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

JUST REMOVING THE 3 NAMES FROM THE BUSINESS

2020 MAR -2 AM 11:27  
RECEIVED  
STATE

**E. Effective date, if other than the date of filing:** 02/06/2020 **(optional)**

*(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)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated FEBRUARY 26 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

FRYTS CLERMONT

\_\_\_\_\_  
Typed or printed name of signee