L20000092288

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Name	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
waytan	<u> </u>	
J	Office Use Only	



600384500986

03/28/22--01025--032 **90.00

FILED
2022 APR 22 AH 8: 23
SECRETARY OF STATE
TALLAHASSEE, PATE

A. BUTLER MAY 13 2022

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Clarke Inv	imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for tiling.
Please return all correspondence concerning this matter	ter to the following:
Shar	nona Clarke
	Name of Ferson
	Firm/Company
_	rimicompany
4210 I	werray Blod #82A
Lauder	hill 151 33319
Show 6	City/State and Zip Code Carlo Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please	e call: at (754) 209 6556 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee (Certificate of Status)	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

	O1	F	- 6	the last
(Name of the Limited	Liability Compar Florida Lumned L	ny as it now appears iability Company)	2022 APR OPTILS Unfour records TA	RY OF STATE LASSEE, FL
The Articles of Organization for this Limited Lial Florida document number <u>L20000</u>		were filed on	128/202	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the Clocke Multi-Se The new name must be distinguishable and contain the work. Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ds "Limited Liabili	-LC		e abbreviation "L.L.C." BW #82 A 3319
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		4210 Laurder	Inveray hill, F13	B/W #82A 3314
B. If amending the registered agent and/or requested and/or the new registered office address		ddress on our rec	cords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:			- N 1	4 0
New Registered Office Address:	4210	Enter Florid	y W VV	462-A
	Land	erhill City	, Florida	33319 Zup 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 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

Title	Name	Address	Type of Action
		 	□Add
			□Remove
			□ Change
			□Add
			□Remove
			🗀 Change
			🖸 Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			FlChange

. —	
_	
ectiv	e date, if other than the date of filing:
<u>te:</u> 11	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cumer	it's effective date on the Department of State's records.
eord	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
is filed	
ted	April 8 2022.
	Signature of member or authorized representative of a member
	Shan Clark
	Typed or printed name of signee

Filing Fee: \$25.00



2022 APR 22 AM 8: 05

FLORIDA DEPARTMENT OF STATE RETARY OF STATE Division of Corporations TALLAHASSEE, FL

April 12, 2022

SHAMONA CLARKE 4210 INVERRARY BLVD 82A LAUDERHILL, FL 3319

SUBJECT: CLARKE INVESTMENT PROPERTIES, LLC

Ref. Number: L20000092288

We have received your document for CLARKE INVESTMENT PROPERTIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 222A00008472