LZO 0001Z9131

(Re	equestor's Name)	
(Ad	ldress)	
(Δα	idress)	
(no	idic33)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	3/,	23/21



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Office Use Only

M17/21



March 8, 2021

CAROL EDWARDS 165 SW 5TH COURT DEERFIELD BEACH, FL 33441

SUBJECT: CLE REAL ESTATE TRUST LLC

Ref. Number: L20000129131

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Querida R Moore Regulatory Specialist II

Letter Number: 721A00004904

www.sunbiz.org

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COVER LETTER

TO:

TO: Registration S Division of Co			
	L ESTATE TRUST 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	ondence concerning this matter	to the following:	
	EDWARDS, CAROL L		
		Name of Person	
	CLE REAL ESTATE TRU	JST LLC	
		Firm/Company	
	165 SW 5TH COURT		
		Address	
	DEERFIELD BEACH, F	1. 33441	
		City/State and Zip Code	- 47 · · · · · · · · · · · · · · · · · ·
	CAROL_E520@HOTMA	IL.COM to be used for future annual report not	
For further information of	e-mail address: (mication)
CAROL L EDWARDS		954 266-9778 at ()	
Name (of Person	Area Code Daytir	ne Telephone Number
Ench sed is a check for t	he following amount:		
e. \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 631 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810
rananas-cc.			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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CLE REAL ESTATE TRUST LLC	:
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(Name of the Limited Liability Company as it now appears on our records) ALLAHASSEE, FL
(A Florida Limited Liability Company)

	DEBKI ILED I	<u> </u>	, Florida ³³⁴⁴¹ Zip Code
	DEERFIELD F	REACH	33441
1357 Registered Strate Address.		Enter Flori	da street address
New Registered Office Address:	165 SW 5TH C	OURT	
Name of New Registered Agent:	EDWARDS,C	AROL	
B. If amending the registered agent and/or agent and/or the new registered office address.	• '	address on our re	cords, <u>enter the name of the new registe</u>
Mailing address MAY BE A POST OFFICE	E BOX)		
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		DEERFIELD BI	EACH FL, 33441
Enter new principal offices address, if applicable:		165 SW 5TH CC	OURT
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."
CLE REAL ESTATE TRUST LLC /EDWARDS			
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :
This amendment is submitted to amend the fol	lowing:		
Florida document number 1.20000129131	······································		
1.30000130131	Liability Company		

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>	Name	<u>Address</u>	Type of Action
MGR	CAROL EDWARDS	165 SW 5TH COURT DEERFIELD BCH, FL 33441	□Add
			□Remove
			= Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
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	5/13/2020
ian eft <u>Vote:</u>	(optional) lective date, if other than the date of filing: (optional) lective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as lent's effective date on the Department of State's records.
recor I is fi	d 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 led.
Dated	Signature of a member or authorized representative of a member
	Sugmitude (A. a. mention) of automatical representative of a mention
	CAROL L EDWARDS

Filing Fee: \$25.00