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So

COVER LETTER

Division of Corporations
SUBJECT: John and Carolyn Cloud, LLC Name of Limited Lightility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carolyn Cloud Name of Person
John and Carolyn Cloud, LLC
2575- Roy Hanna Dr So
St Peters bug El 33712 City/State and Zn Code
Carolyn Cloud 98 O amail of Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carolyn Cloud at (727) 308-8042
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

TO: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John and Car	Olyn LLC
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 10 - 07 - 20 and assigned
Florida document number $L20003175$	43
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
	N/A
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Si Si
(Principal office address MUST BE A STREET ADDI	RESS)
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	. မ
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	N/A
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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>	Name	<u>Address</u>	Type of Action
AMBIT	John Michael Cloud	2575- Roy Hunna Dr So	DATH CSC
HIMBE			□Remove
			□Change
MGR John Michael Cloud	John Michael Cloud	2575- Ray Hanna Dr S	
	St refers bong 11 331	Remove	
			Remove
			□Add ?: 3 □Remove
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			□Add
		□Remove	
			□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Article V
Name and persons Guthorized to manage.
Manager Title Carolyn S. Cloud 3575- Roy Hanna Dr. S. Title proposer St Peters burg F1 33712 Manager Title proposer Dame and person (s) Guthorize Manager Title Carolyn S. Cloud Manager Title Carolyn S. Cloud Across St Peters burg F1 33712 Manager Title Carolyn S. Cloud Across St Peters burg F1 33712
Title promote and person is authorized Manager to be a constant of the little promote and person is authorized to the promote and person is a contract of the person i
John Michael Cloud ==
St. Pelersburg Fl 33712
22
E. Effective date, if other than the date of filing: Series Dec. 2021 (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)(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 September 30, 302) Carolyo S. Cloud Carolyo S. Cloud Typed or printed pages of signers
Signature of a member or authorized representative of a member
- Carolyn S. Cloud