## L20000352739

	(Requestor's Name)	
	(Address)	
	(Address)	
<del></del> .	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
tified Copies	Certificates of S	Status
pecial Instructions	s to Filing Officer:	<u> </u>
	Office Use Only	



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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DOCUMENT NUMBER  **PLEASE FILE THE ATTACHED AND RETURN**  XXXX Plain Copy Cercified Copy Cercificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Cercified Copy of Aria & Amendments Cercificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED  TOTAL OWED \$25.00  ACCOUNT #: 120160000072	DATE 02/26/2021	_			**WALK IN*
**PLEASE FILE THE ATTACHED AND RETURN**  XXXX Plain Copy Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED	ENTITY NAME CLEME	ENTE ENTERPRISES LLC			
**PLEASE FILE THE ATTACHED AND RETURN**  XXXX Plain Copy Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED					·
XXXX Plain Copy Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION  NUMBER OF CERTIFICATES REQUESTED	DOCUMENT NUMBER_				
Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION  NUMBER OF CERTIFICATES REQUESTED		**PLEASE FILE THE ATTAC	CHED AND RETUR	M**	
Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION  NUMBER OF CERTIFICATES REQUESTED	XXXX	Plain Copy			r.
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION  NUMBER OF CERTIFICATES REQUESTED		Certified Copy			
Certified Copy of Arts & Amendments  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION  NUMBER OF CERTIFICATES REQUESTED		Certificate of Status			
Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION  NUMBER OF CERTIFICATES REQUESTED	**	PLEASE OBTAIN THE FOLLOWING	G FOR THE ABOVE	EENTITY**	
Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  COUNTRY OF DESTINATION  NUMBER OF CERTIFICATES REQUESTED		Certified Coou of Arts & Amend	lments		
COUNTRY OF DESTINATION		, , ,			
NUMBER OF CERTIFICATES REQUESTED		**APOSTILLE' / NOTARIA	AL CERTIFICATIO	DN**	
<u> </u>	COUNTRY OF DESTINA.	TION			
TOTAL OWED \$25.00 ACCOUNT #: 120160000072	NUMBER OF CERTIFICA	TES REQUESTED			_
<del></del>	TOTAL OWED \$25.00		ACCOUNT #	: 120160000072	
Please call Tina at the above number for any issues or concerns. Thank you so much!	Please call Tina at t	he above number for any issu	es or concerns,	Thank you so	much!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clemente Enterprises LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{11/06/2020}{}$ .	were filed on	and assigned
This amendment is submitted to amend 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 Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	535 Cultural Park Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33990	
Enter new mailing address, if applicable:	535 Cultural Park Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Cape Coral, FL 33990	2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	ffice address on our records, e:	enter the name of the new
New Registered Office Address:	Enter Florida street address	
	, Flori	<del></del>
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

f 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>Fitte</u> AMBR	<u>Name</u> Luigi Clemente	<u>Address</u>	Type of Action
AWIDK			□ Add
			□ Remove
		535 Cultural Park Blvd Cape Coral, FL 33990	Change
		·	
			Remove
			□ Change
<del></del>			Add
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Effective date, if other than the date of filing:  If an effective date is issued, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The poth day after the record is filed.  02 / 25 / 2021  Luigi Clemente  Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member	Pated	02 / 25 / 2021
		Luigi Clemente
		Signature of a member or authorized representative of a member
Luigi Clemente, MEMBER		Luigi Clemente, MEMBER

Page 3 of 3

Filing Fee: \$25.00