L21 CCCCCTC39

(Re	equestor's Name)	
(Ad	idress)	
	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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4/22/200

COVER LETTER

Division of Corporations		
SUBJECT: TIMOTHY CLA	FEK LLC f Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
	Name of Person	
TIMO	THY CLARK C	LC_
	SE ICL TER	
Pompo TE EA	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	33060 ail, Com
For further information concerning this matter, plea		
TIMOTHY A. CLACK Name of Person	at (SOL) 420 - Area Code Daytime	9453 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{Certificate of State}\$		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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

TIMOTH	Y CLAP	KLLC	
(Name of the Limi	ted Liability Comp: (A Florida Limited	iny as it now appears on our reco	ords.)
The Articles of Organization for this Limited L		, , , , ,	2 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:	nav		
(Mailing address MAY BE A POST OFFICE	<u>BUA)</u>		23
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our records, <u>ent</u>	ter the name of the new registered
Name of New Registered Agent:	Timo	THY A. CLA	RK =
New Registered Office Address:	136	SE. 3 CO	tress
	Dan	paro Bch.	Florida 33060

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.

f 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>	Address	Type of Action
MGR	TIMOTHY A. CLARK	136 SE 3rd Terr Ponper Florida, 33060	BCK Add
			□Remove
			□Change
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f an ef Note:	tive date, if other than the date of filing:
e reco	rd 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
rd is fi	iled.
Dated	2 25 2-1. Clack
	Signature of a member or authorized representative of a member
	TIMOTHY A CLASH
	Typed or printed name of signee

Filing Fee: \$25.00