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COVER LETTER

Division of Corpor			
SUBJECT:	CLAMIDE	YAUY .	
	Name of Limi	ited Liability Company	•
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	\wedge 1		
	Hlexo	ndra E. Ruiz	·
		Name of Person	
	<u> </u>	WDRYAUY UC	
	_	Firm/Company	
	32	550 5th St.	
		Address	
	St.Claud	FL 34769 City/State and Zip Code	
	~ \		
	E-mail address: (t	Thually @ amail a co to be used for fulfire annual report notific	cation)
For further information conce		•	
Mara ada	D '-	11 1.1 	2.054
Name of Per	rson	at (401) 450.0 Area Code Daytime	1148 Telephone Number
		·	•
Enclosed is a check for the fo	ollowing amount:		
	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(auditional copy is enclosed)	(additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sec	tion	Registration Sect	tion

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

CLAW	DBYAU	Υ	
(Name of the Limited) (A	Liability Compan Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liabi	ility Company v	vere filed on 1.14.21	and assigned
Florida document number <u>L21000319</u> C	12_		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liabil	ity company here:	
CLAWDBYALL			
The new name must be distinguishable and contain the words	s "Limited Liabilit	ry Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	3350 5th St.	
(Principal office address MUST BE A STREET A	ADDRESS)	St. Claud FL 347	109
Enter new mailing address, if applicable:		4701 Old Canon	· Creek Rd.
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>	P.O. BOX 702	523
		St. Clard, FL =	E POT HE
	•	,	34770
B. If amending the registered agent and/or regis		ldress on our records, <u>enter the nan</u>	
agent and/or the new registered office address h	<u>iere</u> .		2021
Name of New Registered Agent:	Alexan	Idra Ruiz	2021 ."."
New Registered Office Address:			22
		Enter Florida street address	星 ::
		, 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 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
AMBR	Alexandra E. Ruiz	3350 5th St. St. aud FL, 34-	160 ZAdd
			□Remove
		 	
			□Add
		 	□ Remove
			Change
			🗆 Add
			□Remove
			Change
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			□Change
			🗆 Add
			□Remove

amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
<u>"—</u>		
 		
	,	
		
		
		
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ote: If the d	te, if other than the date of filing:	nt to 605.020 t be listed as
record specif is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	day after the
ated		
	Signature of a member or authorized representative of a member	<u></u>
	Alexandra Ruiz Typed or printed name of signee	