LZI COO 138364

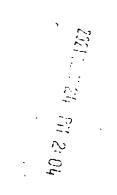
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Chary Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

Clark Fam SUBJECT:	ily Properties LLC		
Jobane I.	Name of Lin	nited Liability Company	
Please return all correspondence	ondence concerning this matter	to the following:	
	Shane Clark		
		Name of Person	
		Nigar/Courage	
	2202 Harvard Ct	гипреопраку	
		Address	
	Riverview, FL 33578		
	sclark0987@gmail.com	City/State and Zip Code	
	Clark Family Properties LLC Name of Limited Liability Company Deed Articles of Amendment and fee(s) are submitted for filing. Sturn all correspondence concerning this matter to the following: Shane Clark		
For further information of	oncerning this matter, please c	all:	
Shane Clark			6
Name o	f Person		aytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status &
Mailing Address		Street Addres	<u>5:</u>

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

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>	<u>Address</u>	Type of Action
AMBR	Diana Clark	3508 Yale Cir Riverview, FL 33578	■Add
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			□Change
			[]Add
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	<u></u>		□Add
			□Remove
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ote:	te date, if other than the date of filing:	05.0207 sted as
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft d.	er the
	/20/2021	
ated _		
ated _	52-Ci-	
ated _	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00