## L21000140791

(Requestor's Name)
<del></del>
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2022 MAR ILL AM 10: L7

SECRETARY OF STATE

A. BUTLER MAR 2 4 2022

### COVER LETTER

Division of Co			۲,
Click Searc			
SUBJECT:	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	_	
ricase return an correspo	ondence concerning this matter	to the following.	
	Patrick Hinchy		
		Name of Person	
	Click Search LLC		
		Firm/Company	
	7858 La Mirada Drive		
		Address	
	Boca Raton, FL 33433		
		City/State and Zip Code	
	anthony.ferrara@clicksearc E-mail address: (	h.us to be used for future annual report notifi	ication)
For further information of	concerning this matter, please o		
Patrick Hinchy		631 601-7208	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sec	tion
Division of C		Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

2022 MAR 14 AM 10: 47

Click Search LLC	SECRETAN	OF STATE
(Name of the Limited	Liability Company as it now appears on our records. Florida Limited Liability Company)	)SSEE.FI
The Articles of Organization for this Limited Liab Florida document number 1.21000140791		and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the work  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET)	ole:	or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	, Flor	rida

#### 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	Address	Type of Action
AMBR	Matthew Hinchy	803 Saddle Rock Road	<b>≣</b> Adđ
		Holbrook, NY 11741	□Remove
			Change
			□Add
			□Remove
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#### Page 2 of 3

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	3/2/22
Note:	we date, if other than the date of filing:  (optional)  (optional)
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
1110	, h 1 , (14)
Dated	March 4
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00