## 121000173669

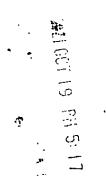
| (Requestor's Name)                      |
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O SIMMONE



August 13, 2021

MARLENE MYRTIL 2705 MATENA AVENUE SOUTH LEHIGH ACRES, FL 33973

SUBJECT: CLEATZY "LLC" Ref. Number: L21000173669

We have received your document for CLEATZY "LLC" and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

What changes are you making to your amendment application?

The document is illegible and not acceptable for imaging.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 621A00019299

Yvette Scott Document Specialist II

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## **COVER LETTER**

| Division of Cor                               | porations                                    |   | <b>1</b> -   |       | ī.      |  |  |
|---|--|---|--|-------|---------|--|--|
| SUBJECT:                                      | (°   | Name of Limited Limbility Company   |  |       |         |  |  |
|   | Name of Lim                                  | ited Liability Company  | 2021 oc  | [19 A | 4 8: 04 |  |  |
| The angles of Assistance of                   | Amendment and fee(s) are sub                 | and the later   |  |       |         |  |  |
|   |  | -   |  |       |         |  |  |
| Please return all correspo                    | ndence concerning this matter                | to the following:   |  |       |         |  |  |
|   |  | 1ARlene My/H/<br>Name of Person   |  |       |         |  |  |
|   | _  | Cleatzy "LLc"   |  |       |         |  |  |
|   | 2705 Ma                                      | Lena Ave. Sout  |  |       |         |  |  |
|   | Lehigh Scr                                   | City/State and Zip Code  Of Gonail Com to be used for future annual report notified | 3  |       |         |  |  |
|   | Cleat39/21<br>E-mail/address: ()             | @ gahail (om to be used for future annual report notifica                           | tion)  |       |         |  |  |
| For further information co                    | oncerning this matter, please ca             | ıll:  |  |       |         |  |  |
| Mor I   | ene My/h/ Person                             | at $(\frac{239}{\text{Area Code}})$ $\frac{322-2}{\text{Daytime T}}$                | 2 9/   |       |         |  |  |
| Enclosed is a check for th                    | e 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,<br>Certificate of Statu<br>Certified Copy<br>(additional copy is enclo |       |         |  |  |
| Mailing Address Registration S Division of Co | ection                                       | Street Address:<br>Registration Section<br>Division of Corpo                        |  |       |         |  |  |
| P.O. Box 632                                  |  | The Centre of Tall  |  |       |         |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | LC7 WILL 19 8: 5: 17  |
|---|---|
| (A Florida Limited  | Dany as it now appears on our records.)   Liability Company)        |
| The Articles of Organization for this Limited Liability Compan  | y were filed on $04/i4/2$ and assigned                              |
| Florida document number $\angle 21000173669$ .  |   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited lia  | bility company here:  |
| The new name must be distinguishable and contain the words "Limited Liab  | offity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 3049 Cleve land Are<br>Fort Myers, PL 33916                         |
| (Principal office address MUST BE A STREET ADDRESS)   | fort myers, Pl 33916  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                             | P.O. BOX 60211<br>Fort Myers, FL 33906                              |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered        |
| Name of New Registered Agent:   | Parlene Mythil  |
| New Registered Office Address: 30 4   | 9 (AC) Cleveland Ave  |
| Fort  | Myers Florida 33916  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.

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 19 24 5: 17                          | Type of Action |
|--------------|----------------|--|----------------|
| Swher        | Marlene Mystil | 3049 Cleveland # 229                         | ŒAdd           |
|              |                | 3049 Cleveland # 229<br>Fort Myers, FL 33916 | □Remove        |
|              |                |  | □ Change       |
| MGR          | Marlene Myrs   | <u> </u>                                     | XAdd           |
|              |                |  | □Remove        |
|              |                |  | □Change        |
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|                    |  | <u> </u>     |            |             |             |                |                         |                         |                                     |   |  |
| <u>e:</u> 11 the c | te, if other<br>ate is listed,<br>date inserte<br>ffective dat | d in this bl | ock does i | not meet t  | he applica  | to flate of fi | Hing or m<br>ory filing | ore than 9<br>g require | (opti<br>0 days after<br>ments, thi | <b>onal)</b><br>filing.) P<br>s date wi | ursuant to 605.02<br>II not be listed        |
| filed.             |  |              |            |             |             |                |                         |                         |                                     |   | 0th day after tl                             |
| d <u>///</u>       | /10/2<br>//4   | 021          | <br>N).    | · _         |             |                |                         |                         |                                     |   |  |
|                    | 110  | 1/1/1/1///// |            |             |             |                |                         |                         |                                     |   |  |
|                    | <u>//</u>  |              | Signature  | a memb      | er or autho | rized repre    | sentative               | of a mem                | her                                 |   |  |

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