

121000189473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

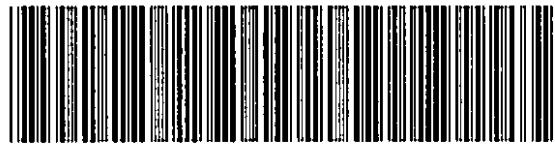
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clem records LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clem Gloster JR

Name of Person

\_\_\_\_\_  
Firm/Company

2633 Larcayte Street

Address

Fort Myers, Florida 33916

City/State and Zip Code

Kicrahewell0902@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clem Gloster JR

Name of Person

at (786) 626-0160

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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

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Clem Records LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 23, 2011 and assigned Florida document number L21000189473.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Clem Gloster JR

New Registered Office Address:

263B Lafayette Street

Enter Florida street address

Fort Myers, Florida 33916

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.*

Clem Gloster Jr

If Changing Registered Agent, Signature of New Registered Agent

If amending Auth. add 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

Address 21 AUG -9 PH 2:51

<u>Title</u>	<u>Name</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Clem Gloster</u>	<input type="checkbox"/> Add
<input checked="" type="checkbox"/>	<u>2633 lafayette st</u>	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u>MGR</u>	<u>Clem Gloster Jr</u>	<input checked="" type="checkbox"/> Add
	<u>2633 lafayette st</u>	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
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		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 6<sup>th</sup>. 2021.

Charles Glazer Jr.  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Clem Gloster JR

Typed or printed name of signee