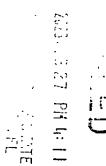
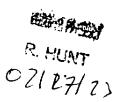


(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octuned dopted
Special Instructions to Filing Officer:











IMPORTANT NOTICE

PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY = = ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Friday, February 17, 2023

SENT VIA USPS

2036827 PN WI

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment
 For: C&L AMOIR, LLC

We have included payment in the amount of \$25.00 for the following fees:

Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

TO:	Registration Sec Division of Corp			
SURIE	ст: <u>C&L AM</u> (OIR LLC		
SULAIL	CI. <u>QUAL</u> TINIS	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Corpor	ate Maintenance Le	
			Name of Person	
		Proc	essing Department	<u>.</u>
			Firm/Company	27
		1	450 Vassar St	;;;; TO
			Address	PN 4: 11
			Reno, NV 89502	ं तर्ग 💳
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please c		
	Process	ing Department	at (800) 638-2320	
	Name of	f Person		e Telephone Number
Enclose	ed is a check for th	ne following amount:		
Ø \$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)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MOIR, LLC mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L21000277051	any were filed on 06/15/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
C & L 5 STAR MU	JLTI SERVICES, LLC	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" o	ر در: د در:
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u></u>
Enter new mailing address, if applicable:		1 (
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
	City	Zip Codc

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			<u>्</u> र्च Add
			c∷ ⊡Remove
			☐ Change
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		☐ Change

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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	r.⇒` (C) (->)
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Note: If	date, if other than the date of filing: N/A (optional) ve 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
If the recor (b) The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	02/15 2023
	O2/15 . Jo33
	Cerlyne Saint-Pierre
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00