L21000367603

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer.	
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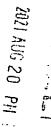
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 .

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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2.	(CORPORATE NAME AND DOCUME	NT #)	<u>-</u>			
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4.	(CORPORATE NAME AND DOCUME	NT #)			-	- .
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SPECI. INSTR	AL UCTIONS:					

COVER LETTER

TO: Registration Section

Division	of Corporations				
	.D CLOVER PROPERTIE	S. LLC			
SUBJECT:	, N	Same of Limited Liability Compan	ny		
The enclosed Arti	cles of Amendment and fee	e(s) are submitted for filing.			
Please return all c	orrespondence concerning	this matter to the following:			
	ADRIENNE C.	KENDALL			
		Name of Persor	on .		
	JOHNSON POI	PE BOKOR RUPPEL & BURN	NS. LLP		
		Firm/Company	y		
	401 EAST JAC	KSON STREET, SUITE 3100			
	-	Address			
	TAMPA, FL 33	602			
		City/State and Zip C	Code		
	akendall@jpfirm.				
	E-ma	il address: (to be used for future an	nnual report notification)		
For further inform	ation concerning this matte	r, please call:			
Adrienne C. Kend	all	813	225-2500		
	Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a chec	k for the following amount	:			
□ \$25.00 Filing	Fee S30.00 Filing Certificate of		py Certificate of Status &		
Mailing / Registra	Address: ttion Section	·	eet Address: gistration Section		
Division	n of Corporations	Div	Division of Corporations		
P.O. Bo Tallahas	x 6327 ssee, FL 32314		e Centre of Tallahassee 15 N. Monroe Street, Suite 810		
Tanana	5000, A E 5/20/17	241	D IN MOING SHEEL SHILE 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Gold Clover Properties. LLC (Name of the Limited Liability Company as it now app (A Florida Limited Liability Company as it now app (A Florida Limited Liability Company were filed on da document number L21000367603 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company ew name must be distinguishable and contain the words "Limited Liability Company," the rew principal offices address, if applicable: Company	anv here: "" the designation "LLC" or the abbreviation "L.L.C."
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan) Articles of Organization for this Limited Liability Company were filed on da document number L21000367603 amendment is submitted to amend the following: I amending name, enter the new name of the limited liability company ew name must be distinguishable and contain the words "Limited Liability Company," the rew principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) I' new mailing address, if applicable: Iling address MAY BE A POST OFFICE BOX) The amending the registered agent and/or registered office address on out than and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	any here: ." the designation "LLC" or the abbreviation "L.L.C."
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New Registered Office Address:	
New Registered Office Address:	
New Registered Office Address: Emer F	
Enter I	
	ter Florida street address

City	Florida Zip Code
Registered Agent's Signature, if changing Registered Agent:	ω _p τουτ

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>	<u>Name</u>	Address	Type of Action
MGR	John Kennedy	5700 Mariner Street, Unit 501	□Add
		Tampa. FL 33609	■ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	aust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (block does not meet the applicable statutory filing requirements, this date will not be listed as t
e record specifies a delayed effect rd is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2021
	Meli alder
<u>-</u>	Signature of a member or authorized representative of a member
Adrienne C. Kendall	
	Typed or printed name of signee

Filing Fee: \$25.00