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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Clao's LLC				
SOBOLCT.		Name of Limit	ted Liability Company		
The enclosed	I Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspon	dence concerning this matter t	o the following:		
		Claudia Martinez			
			Name of Person		
		Clao's LLC			
		-	Firm/Company		
		1671 SW 159 AVE			
			Address		
		Pembroke Pines FL 33027			
			City/State and Zip Code		
		amaia61213@yahoo.com			
			o be used for future annual re	eport nouncation)	
For further is	nformation coi	ncerning this matter, please ca	11:		
Claudia Mar	rtinez		305 491	-6599	
•	Name of I	Person	at () Area Code	Daytime Telephor	ne Number
Enclosed is a	a check for the	following amount:			
\$25.00 1	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	_	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Clao's LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on 8/26/2021	and assigned
Florida document number L21000382389		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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		- 55 23
	-	
Enter new mailing address, if applicable:		ST. ST.
Mailing address MAY BE A POST OFFICE BOX)		- 100 = 1
		CT W
3. If amending the registered agent and/or registered office	ce address on our records, <u>enter the</u>	name of the new register
gent and/or the new registered office address here:		-
None of New Designment Access		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Liner 1 to that sives thaness	
	, Floric	Zip Code
	City	LID COAP

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>	<u>Name</u>	Address	Type of Action
MGR	Claudia Martinez	1671 SW 159 AVE Pembroke Pines FL 33027	
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			[]Change
			□Ndd
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		AHASSEE, FLORIDA	©Remove
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Typed or printed name of signee