Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

F	Address:
	Auuress.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CLYMART LLC**

Certificate of Status	0
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clymart LLC (Name of the Limited L	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L210004381</u>	ility Company were filed on 10/06/21 and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	e 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	le:
(Principal office address MUST BE A STREET /	ADDRESS)
•	<u></u>
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regi	istered office address on our record <u>s, enter the name of the new regis</u> nere:
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regi	istered office address on our record <u>s, enter the name of the new regis</u> nere:
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regi	istered office address on our records, enter the name of the new regis
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regingent and/or the new registered office address h	istered office address on our records, enter the name of the new regis
Name of New Registered Agent:	istered office address on our record <u>s, enter the name of 地e new regis</u> nere:

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 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
Manager	Marie Joy Corbin	7901 4th St N STE 30	O Kiladd
		St. Petersburg FL 3370	2 _{□Remove}
Member	Marie Joy Corbin	7901 4th St N STE 30	<mark>O_</mark> ⊠jAdd
		St. Petersburg FL 3370	2 □Remove
			Change
<u>Membe</u> r	Clyde Corbin	7901 4th St N STE 300) _X Add
		St. Petersburg FL 3370	2 Remove
			Change
<u>Membe</u> r	Clyde	7901 4th St N STE 300) Add
		St. Petersburg FL 33702	2 KiRemove
			Change
<u>Member</u>	Clyde	7901 4th St N STE 300)
		St. Petersburg FL 33702	2_ ⊠ Remove
			Change
			□Add
			Remove
			Change

Effect	tive date if other than the date of filings	
Note:	tive date, if other than the date of filing: fective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.	.0207 the
e reco rd is f	rd 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 iled.	
Dated	March 29	
	Signature of a member or authorized representative of a member	
	Nat Smith	

Filing Fee: \$25.00