Division of Corporations



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(((H22000025131 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PREMIER FINANCIAL SERVICES INC

Account Number : I20220000012 Phone : (323)336-3914 Fax Number : (951)429-0697

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

SHOAIBJAWAID1990@GMAIL.COM Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE CLIFFTOP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

pg 1 of 4

Electronic Filing Menu Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CLIFFTOP LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) loridu Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number £21000520888	lity Company were filed on DEC 09, 2021	and assigned
This amendment is submitted to amend the following	ng:	and assigned tion "LLC" or the abbreviation "L.L.C." 2022 AND FAND FAND FOR Some Property of the new registered rect address Florida
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A		2022.
		JAN 19
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BO.	<u>X)</u>	ندا — <u> </u>
		-
B. If amending the registered agent and/or registagent and/or the new registered office address h		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Flori	da
•	Ciņ:	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg- company has been notified in writing of this cha	ind complete performance of my duties, and red agent as provided for in Chapter 605, F.S. istered office address, I hereby confirm that it	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

pg 3 of 4 (((H220000251313)))

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

19514290697

Title	<u>Name</u>	Address	Type of Action
AMBR	SHOAIB JAWAID	7901 4TH ST N STE 300	≣ ∧dd
		ST PETERSBURG, FL 33702	□Remove
			DChange
AMBR	SHAOIB JAWAID		ŪΛdd
			Remove
			☐ Change
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Filing Fee: \$25.00

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