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COVER LETTER

Registration Section

DIVIS	SION OI, COPP	porations		.•
SUBJECT: _	Cloud9 & A	ssociates, LLC		
SUBJECT: _		Name of Limit	ed Liability Company	
The enclosed	Articles of z	Amendment and fee(s) are subn	nitted for filing.	
Please réturn	all correspo	ndence concerning this matter to	o the following:	
		Chyrianne Jones		
			Name of Person	
	er.	Cloud9 & Associates, LLC		
	Standard .		Firm/Company	
		7643 Gate Parkway: Suite 1	04-668	
			Address	
	ाष्ट्र (ते)	Jacksonville, Florida 32257		
in j			City/State and Zip Code	
or or E	•	info@cloud9associates.com		
			o be used for future annual report no	otification)
For further in	formation c	oncerning this matter, please ca	ll:	
Chyrianne jo	nes :::		904 290-2121 at ()	
	Name o	f Person	at ()	ime Telephone Number
	check for th	ne following amount:		
\$25.00 F	iling Fee	☐ \$30.00 Fiting Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy
िका विक्रिय	, Çê î			(additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			orporations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAR 14 AM 10: 33

Cloud9 & Associates, LLC

. !

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability (Company were filed on 12/13/2021	and assigned
Florida document number L21000523252		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
1.15 以為我們。		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Balfamending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter	the name of the new registered
Name of New Registered Agent:		· ·
New Registered Office Address:		
	Enter Florida street addres.	8
Programme of the state of the s	. Flo	orida
. :	City	Zip Code
New Registered Agent's Signature, if changing Registered Liberary accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a	t and agree to act in this capacity. I fin complete performance of my duties, an agent as provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is
heing filed to merely reflect a change in the register company has been notified in writing of this change		ut the limited liability
Lar des first.	•	
The state of the s	If Changing Registered Agent, Signature o	f 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

:

142

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	James Kesier	7643 Gate Parkway, Suite 104-6	668, Jacksonville, Floric
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1,00	Mariana Salahan		
•			□ Change
新田山	(cast)		

	The business address is listed corrected: 7643 Gate Parkway, Suite 104-668, Jacksonville, Florida 32257
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(H.an	tive date, if other than the date of filing:
docu	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. 5.33 - 3
cord is	ord specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
: Data	March 7 2022
Date	
H	Signature of a member or authorized representative of a member
	Chyrianne Jones
بر الله عاد الله ا	Typed or printed name of signee

111年高麗子也。

Filing Fee: \$25.00