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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	_
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	JUN 28 2022	
	A. LUNT	

Office Use Only



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COVER LETTER

TO:

FO:	Division of Corp	Registration Section Division of Corporations					
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ODJE		<u> </u>	Name of Lim	and works +	y		-
The enc	closed Articles of A	mendment and	fee(s) are sub	mitted for filing.			
Please (return all correspon	dence concerni	ing this matter	to the following:			
			Viv	Name of Person	jh U	lai K	
			<u> </u>	CVK'S SSb Firm/Company	, land	wers L	LC
			70	Dalta Address	n st		
			CU	City/State and Zip	32 Code	45.8	_
			Clayl E-mail address:	(to be used for future a	chi play (2 amail. C	<u></u>
For fur	ther information co	ncerning this n	natter, please o	call:			
	Vivien Le	iz Cla	rk	at (<u>\$\frac{1}{2} 0</u> Area Code	703	4704	hur-
	Name of	Person		Area Code	; Dayulii	e reichtone runn	CCI
Enclos	ed is a check for the	e following am	ount:				
X \$2	5.00 Filing Fee	S30,00 Fi Centifica	iling Fee & ate of Status	☐ \$55.00 Filing Certified Co (additional copy	py	Certif Certif	Filing Fee, icate of Status & ied Copy and copy is enclosed)
	Mailing Address Registration S				eet Address: gistration Se	ection	
	Division of Co	orporations		Di	vision of Cor e Centre of T	rporations	
	P.O. Box 632' Tallahassee, F					ranassee e Street, Suite	e 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clark's 850	Landwires UC	202
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our recommed Liability Company)	(dx)
	a	
The Articles of Organization for this Limited Liability Com-	ipany were filed on 3 x	and assigned
Florida document number <u>L 22 0000 500 910</u> .		# 60 PM
This amendment is submitted to amend the following:		1
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter your malking address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, ente	r the name of the new registere
agent and/or the new registered office address here.		
Name of New Registered Agent:		
N. D. Sandowa Alleren		
New Registered Office Address:	Enter Florida street addr	522
	1	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	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
Mgx	Keith A Clark	762 Dalton St.	XAdd
Ç		762 Dalton St. Chipley to 32458	□Remove
			□ Change
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Note: If the date inse	her than the date of fed, the date must be specificated in this block does a date on the Department	not meet the applica				
e record specifies a de d is filed.	elayed effective date, bu	t not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after	the
Dated Mary	2 (Juier	Jen (-· ·lack			
	Signature	of a member or author	rized representative of	a member		