

L22000058941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2022 FEB 25 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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ALLAHASSEE, FL 32399

O SIMMONS  
FEB 28 2022

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 2/25/2022

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1003210

**ORDER ENTITY**  
CLICKINVEST LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**CLICKINVEST LLC (FL)**

File the attached amendment

**NOTES:**

\$25.00 Authorized

Email address for annual report reminders: [rosario@clickinvest.com](mailto:rosario@clickinvest.com)

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 FEB 25 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Clickinvest 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 2/10/22 and assigned  
Florida document number L22000058941.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeffrey Kershner	600 Hart Road, Suite 210	<input checked="" type="checkbox"/> Add
		Barrington, IL 60010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rosario Terracciano	201 E. Kennedy Blvd., Suite 625	<input checked="" type="checkbox"/> Add
		Tampa, FL 33602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Clickinvest Holdings Inc.	600 Hart Road, Suite 210	<input type="checkbox"/> Add
		Barrington, IL 60010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John Aiello	1021 E Talbot St	<input type="checkbox"/> Add
		Arlington Heights, IL 60004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John Wright	15 E Willow	<input type="checkbox"/> Add
		Arlington Heights, IL 60004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Natan Zadik	950 Stonegate Dr	<input type="checkbox"/> Add
		Highland Park, IL 60035	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee