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SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2022 APR -5 AH 7: 21

APR 2 0 2022

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Clark & W	ebster Group LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fredia Webster	,	
		Name of Person	<del> </del>
	Clark & Webster Group Ll	LC	
		Firm/Company	
	4302 Hollywood Blvd #23	9	
		Address	<del></del>
	Hollywood, FL 33021		
		City/State and Zip Code	
	info@cwgroupinc.org		
	E-mail address: (	to be used for future annual report not	iffication)
For further information of	concerning this matter, please ex	all:	
Fredia Webster		844 429-4768	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	antin m
Registration Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION

**OF** 

2022 APR -5 AM 7: 22

Clark & Webster Group LLC

SECRETARY OF STATE

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp.	any were filed on 03/09/2022	and assigned
Florida document number L22000118315		
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 L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	S
	City , Flo	orida
New Registered Agent's Signature, if changing Registered Age	ent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FREDIA WEBSTER	720 S PARK RD	
		APT# 15-118	□Remove
		HOLLYWOOD. FL 33021	Change
AMBR MASHIKKA CLARK	3229 CREEK TRACE E	<u> </u>	
		□Remove	
		POWDER SPRINGS, GA 30127	□ Change
		□Remove	
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		□Add	
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	e date of filing:
the record specifies a delayed effective cord is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MARCH 30	2022
7,	mue 1 lusa
	Signature of a member or authorized representative of a member

Typed or printed name of signee