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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

**Division of Corporations** Cleary Real Estate Investments LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mark Cleary Name of Person Cleary Real Estate Investments LLC Firm/Company 2513 W Azeele St Address Tampa, FL, 33609 City/State and Zip Code markeleary.tampa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark Cleary Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee **S30.00** Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Cleary Real Estate Investments LLC		
(Name of the Limited Liability	Company as it now appears on our records.) Limited Liability Company)	
(71.101.00.2	Enimed Elability Company)	rii, — ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
The Articles of Organization for this Limited Liability Co	ompany were filed on 4/7/2022	and assigned
Florida document number L22000167003		.080 .050 .050
. Torrida document maniferi	<u>-</u> :	E 6
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
<u> </u>		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
n	, , , ,	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del>-</del>	
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:		
New Registered Office Address.	Enter Florida street address	
	771 . 1	_
	, Florid	<b>a</b> 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 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>	Type of Action
MGR	Alexandra Flando	2513 W Azeele St, Tampa, FL, 33609	<b>=</b> Add
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lf an effect	tive date is listed, the	date must be specific	and cannot be prior	r to date of filing or mo		ling.) Pursuant to 6	
	the date inserted in it's effective date o			cable statutory filing	requirements, this d	late will not be li	isted as
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		Signature c	of a member or auth	orized representation	f a member	7 5 1/V 7 1/2 1/V	AH
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Typed or printed name of signee