

122000212597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

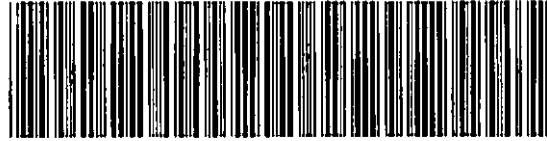
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG 18 AM 8:31

J DENNIS
NOV 04 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of ownership, agent and manager

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:

Cynthia F. Newman

Name of Person

Clover Safety Consulting, LLC

Firm/Company

6310 Tocobega Dr

Address

Lakeland, FL 33813

City/State and Zip Code

newman.cindy81@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Newman

863

812 - 6022

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Clover Safety Consulting, 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 May 4, 2022 and assigned
Florida document number 1.22000212597.

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 "L.L.C."

Enter new principal offices address, if applicable:

6310 Tocobega Dr

(Principal office address MUST BE A STREET ADDRESS)

Lakeland, FL 33813

Enter new mailing address, if applicable:

2161 County Road 540a - 251

(Mailing address MAY BE A POST OFFICE BOX)

Lakeland, FL 33813

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:

Cynthia F. Newman

New Registered Office Address:

6310 Tocobega Dr

Enter Florida street address

Lakeland

Florida 33813

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>
Agent	Ricky L Newman	6310 Tocobega Dr	<input type="checkbox"/> Add
		Lakeland, Fl 33813	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ricky L Newman	6310 Tocobega Dr	<input type="checkbox"/> Add
		Lakeland, Fl 33813	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Agent	Cynthia F Newman	6310 Tocobega Dr	<input checked="" type="checkbox"/> Add
		Lakeland, Fl 33813	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William H Newman	6310 Tocobega Dr	<input checked="" type="checkbox"/> Add
		Lakeland, Fl 33813	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1) Please remove Ricky I Newman from all articles of organization for this company.

2) Please make Cynthia F Newman the Owner and Registered Agent for this Company.

3) Please make William H Newman the Manager for this company.

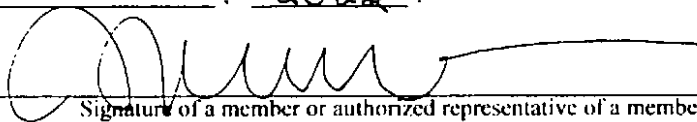
E. Effective date, if other than the date of filing: 08/15/2022 **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 8/12 2022


Signature of a member or authorized representative of a member

Ricky L. NEWMAN
Typed or printed name of signee