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2022 JUL -5 7.1 8: 17

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COVER LETTER

'ГО:

Tallahassee, FL 32314

'ΓΟ: 'Registratio Division of	on Section Corporations	
CLINICOT	Perez, L.L.C.	
30b3EC1	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corr	respondence concerning this matter to the following:	
	Elvis Perez	
	Name of Person	
	Elvis Perez, LLC	
	Firm/Company	
	19894 SW 3rd Place	
	Address	
	Pembroke Pines, FL 33029	
	City/State and Zip Code	
	elvis.perez.777@yahoo.com E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Elvis Perez	305 3109663 at ()	
Na	me of Person Area Code Daytime Telephone Number	
Enclosed is a check f	for the following amount:	
□ \$25.00 Filing Fe	Certificate of Status Certified Copy (additional copy is enclosed) \$ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Ad		
	on Section Registration Section Of Corporations Division of Corporations	
P.O. Box		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elvis Perez, L.L.C.		2022 JUL -5 FM 8: 17
(<u>Name of the Limited Lis</u> (A Fl	ability Company as it now appears on our record orida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabili	ty Company were filed on May 23rd, 2022	and assigned
lorida document number L22000238726	·	
This amendment is submitted to amend the following	· ·	
A. If amending name, enter the new name of the	limited liability company here:	
he 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:		
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u> </u>	- <u>-</u>
 If amending the registered agent and/or registered and/or the new registered office address here 		the name of the new register
gent and/or the new registered office address nei	<u>re</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addres:	
	ismer rionaa sireet adaress	•
	, Flo	orida
	C41 F	AII COUE

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>	Address	Type of Action
AMBR	Marissa Turner	19894 SW 3rd Place Pembroke Pines, FL 33029	🗆 🗖 Add
			Remove
			Change
			🗆 Add
			□ Remove
			□Change
			□ Add
		□Remove	
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Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	June 28th . 2022
	Signature of a member or authorized representative of a member
	Elvis Perez
	Typed or printed name of signee