LZ2 000 257857

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(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations

<u>CLB CARDS LLC</u> 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:

Chad Burns 4828 Jeanette Ct. Address Saint Cloud, FL 34771 City/State and Zip Code CLB (ARDS LLC

For further information concerning this matter, please call:

Choid Borns at (407) 334-2122 Area Code Daytime Telephone Number

Enclosed is a check for the 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)

<u>Mailing Address:</u> 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

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OI		1011 JULI 16 11 8:53
(Name of the Limited Liability Company		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number $_ \angle 22000257857$	vere filed on Jone	06 2072 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		······
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, <u>en</u>	<u>ter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	City	Florida

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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
) RESIDENT	Chail Burns	4828 Jeanette Ct. Saint Cloud, FL 34771	XAdd
·		Saint Cloud, FL 34771	🗆 Remove
			□Change
MGR	Heather Burns	4328 Seanofte Ct. Saint Cloud, FL 34771	🗆 Add
		Saint Cloud, FL 34771	ŪRemove
			🗆 Change
			🗆 Add
			Remove
			🗆 Change
			🖸 Add
			Remove
			□ Change
			🗆 Add
			🖸 Remove
			□Add
			Remove
			Change

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

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E. Effective date, if other than the date of filing: ______ (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. ----17.1

Dated	06/13/2022 2022
	Heather BILKS
	Signature of a member or authorized representative of a member
	Heather Burns

Typed or printed name of signee