122000309270

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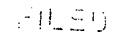
INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	PIC	K UP:	MISTY 12-20	
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X	ХХ РНОТОСОРУ			
	CUS			
X	XX FILING	LLC A	AMEND	
1.	CLOVELLY GROUP,			
	(CORPORATE NAME AND DOCU	JMENT #)		
2.	(CORPORATE NAME AND DOCU	JMENT #)		
3.	(CORPORATE NAME AND DOCL	JMENT #)	 .	
4.	(CORPORATE NAME AND DOCU	JMENT #)		
5.	(CORPORATE NAME AND DOCU	JMENT #)		
6.	(CORPORATE NAME AND DOCU	JMENT #)		
SPECI INSTI	IAL RUCTIONS:			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 DEC 20 PK 12 40

CLOVELLY GROUP, LLC.		· · ·
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on o nited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L22000309270</u> .	pany were filed on JULY 1:	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<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 of agent and/or the new registered office address here:	fice address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	<u>-</u>	, Florida
	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 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>	Name	Address	Type of Action
AMBR	ELSA P. WILCHES MCNULTY	1381 NW 144 AVE	□Add
		PEMBROKE PINES, FL 33028	■Remove
			Change
			[]Remove
			□Change
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, 11 HIVE	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
Note: 1	re date, if other than the date of filing:
f the record ecord is file	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 d.
Dated _	December 19, 2023. Castan Maria Signature of member or authorized representative of a member
	CESAR MOLINA GALAVIS
	Typed or printed name of signee