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COVER LETTER

Division of Corporations
SUBJECT: CLOVA STRATEGIES UC 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:
CHRISTOPHER CHMURA Name of Person
CLOUD STRATEGIES LLC Firm/Company
1100 PINE DRIVE #205
POMPAND BEACH FL 33060 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHRIS TOPHER CHMURA at (954), 871-6915 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of

Registration Section

TO:

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

CLOUD STRATE	GIES LLC	
(<u>Name of the Limited Lial</u> (A Flor	hility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 22 D0 0.51</u>	Company were filed on 12-	05- 2022 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" principal offices address, if applicable: ffice address MUST BE A STREET ADDRESS) mailing address, if applicable: dress MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the new registered or the new registered Agent:	
The new name must be distinguishable and contain the words "I	limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	- 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida :	street address
		Florida
	City	Zıp 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	CHRISTOTHER CHMUM	1100 PINE DEINE # 200	□Add
		PUMPONU BEACH FL	□Remove
		33080	🗹 Change
MGA	PAULA CHMURA	1100 PINE DRIVE #200	<u>5</u> □∧dd
		POMPANO SEACH FL	□Remove
		33060	\(\overline{\pi}\) Change
			□Add
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record sp Lis filed.	pecifies a delayed effective date, but not a	an effective time, at 12	£01 a.m. on the earlier of	(b) The 90th day after the
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