L23000117335

(Req	uestor's Name))
(Add	ress)	
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(City)	/State/Zip/Phon	ne #)
☐ FICK-UP	WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	





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COVER LETTER

	tion Section of Corpora		,	•1	
SUBJECT:	Clark	Consulting Ser	vices LLC ited Liability Company		
The enclosed Art	icles of Ame	endment and fee(s) are sub	mitted for filing.		
Please return all c	orresponder	nce concerning this matter	to the following:		
		Ottalie	N. Clark Name of Person		
		NA	Firm/Сонтралу		
	_		Firm/Company		
	-	114 West	Crawford Stree	zt	
		Lakeland F	lorida 33 805 City/State and Zip Code		
	-				
	_	clark consultin	ng Services OC growto be used for future annual re	من . رونس	
				рон поинсанов)	
For further inform	nation conce	rning this matter, please ca	all:		
Ot	talic N	1. Clark	at (<u>\$63</u>) <u>31</u> Area Code	6-5168	
	Name of Per	son	Area Code	Daytime Teleph	one Number
Enclosed is a che	ck for the fo	llowing amount:			,
☐ \$25.00 Filing	; Fee C	3 \$30.00 Filing Fee & Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is enclo		\$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 O	RGANIZATION EE S	
Ol		
Clack Consulting Services (Name of the Limited Liability Companion (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L23000117355</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Po Box 930	
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland Florida 33802	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registe	<u>rec</u>
Name of New Registered Agent: NA		
New Registered Office Address: NA		•
	Enter Florida street address	

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.

City

NIK

NA	
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>	Type of Action
AMBIR	Christiana T. Russell	114 West Crawford Street	[]Ydd
		Lakeland, Florida 33805	□Remove
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<u>:</u>	the da	te inser	er tnar d, the dat ted in th late on t	his bloc	k does	not me	eet the a	applica	to date of the star	f filing tutory	or more the	(in 90 days iirements	option after fil i, this d	al) ing.) Pun ate will	suant to 60 not be lis
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Filing Fee: \$25.00