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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

 $(\mathbf{r}_{i}) = (\mathbf{r}_{i} - \mathbf{r}_{i}) \cdot (\mathbf{r}_{i} - \mathbf{r}_{i})$

TO: Registration Sec Division of Corp			.
SUBJECT:	W. Clayton LL	C Liability Company	
	Nume of Emmed	Chaomy Company	
The enclosed Articles of A	Amendment and fee(s) are submit	ted for filing.	
Please return all correspon	idence concerning this matter to t	the following:	
	Walter	Clayton Name of Person	
	w. Claw	Firm/Company	
	MI Paccist	NIC DEVL Address	
	Lake Way	US FL 33898 City/State and Zip Code	
	E-mail address: (to b	uton 1 @ amul	ication)
For further information co	neerning this matter, please call:		
Walter C	lauten	at (8 1 03) 521.	- 7480
Name of	Person		e Telephone Number
Enclosed is a check for the	e following amount:		
☐ \$25.00 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)
of Already Po	ud the 25 I am	enclosing carect	ly filed paperwork.
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	<u>:</u> ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T	ction porations 'allahassee e Street, Suite 810
			057 0 2 2013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W. Clayton (Name of the Limited Liability Comp.) (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number 93 - 1962060		13023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		25 23
Enter new mailing address, if applicable:		8
(Mailing address MAY BE A POST OFFICE BOX)		A STATE OF S
	1000	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		1
New Registered Office Address:	Enter Florida street a	ddress
		_, 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, 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
Marager	Cherie Quara	171 Brookshire Dive	
Manager	•	Lak Wals, FL 33898	Remove
			□Change
Marager	Water Clayton, Ir	171 Brookstire Daire	\Add
		Lave Wales, FL 33898	□Remove
			□Change
*****			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
		<u> </u>	□Remove
			□Change

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Not	ctive date, if other than the date of filing:
f the rec ecord is	ord 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 filed.
Date	d 9/24/23
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Typed or printed name of signke

Filing Fee: \$25.00