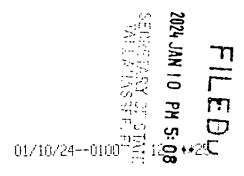
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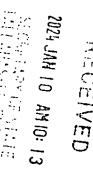
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Clementines Legacy Estates LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records Liability Company)))
The Articles of Organization for this Limited Liability Companies of Organization for the Organization for	y were filed on 10/12/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		# 25
Principal office address MUST BE A STREET ADDRESS)	·	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		ANIO PH SION
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zip Code

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 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>	Address	Type of Action
MGR	Margie Bellware	1306 W State St, Tampa, FL 33606	
			≣Remove
			□Change
			□Remove
			□ Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
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ective date, if other than effective date is listed, the date e: If the date inserted in th ument's effective date on the	must be specific and is block does not m	cannot be prior to e seet the applicabl	date of filing or more c statutory filing re	(option han 90 days after fil quirements, this d	ing.) Pursuant to 605.02
cord specifies a delayed effo filed.	ective date, but not	an effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after th
January 9 ed	······································	2024	•		
	~ ,	1 C.B			

Filing Fee: \$25.00