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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Clark Dotare Name of Li	1 Services, L.L.C.
The enclosed Articles of Amendment and fee(s) are so	abmitted for filing.
Please return all correspondence concerning this matter	er to the following:
She	Name of Person
	Firm/Company
31037	Harper Branch Pl. SSC 3
wes!	ey Charlet FL 33543 5 5 City/State and Zip Code Dotary 1 & amail. Com (to be used for future annown report notification)
Sciary E-mail address	Otarul & amail. com (to be used for futule annual report notification)
For further information concerning this matter, please	
Shert yn Clark Name of Person	at (<u>813</u>) <u>4 (A- 9886</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$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 ORGANIZATION OF

Notary of Demas (Name of the Limited Liability Compar (A Florida Limited L	a & Signing Agent, LLC. nv as it now appears on our records: iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2400040 (olo 4</u> .	were filed on 01 30 20 24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be distinguishable and new name mus	ity Company." the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	31037 Harper Branch Pl. Wesley Chapel, Fl 33543
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	31037 Harper Branch Pl. Wesley Chapel, Fl 33543
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida City Zircfode
New Registered Agent's Signature, if changing Registered Agent:	FAIR 15
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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
	 		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
		- - - -	□Change □2 □Add
			Add Remove 6: Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	date of filing or mor	e than 90 days after	r filing.) Pi		
record specifies a delayed effective date, but not a he 90th day after the record is filed.	an effective tin	ne, at 12:01 a	a.m. on	the e	arlie
ed June 20, 2024					
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Filing Fee: \$25.00