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TO:

TO: Registration Se Division of Cor			
SURJECT: CLAI	MING GREAT	TNESS, LLC	
SODSECT.	Name of Lim	ited Liability Company	
The englosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		_	
Please return all correspo	ndence concerning this matter	to the following:	
	NAJLA BUB	TANA	
		Name of Person	
		Firm/Company	
	9820 SW 73	300 STREET	
	1000 011	Address	
	I TO ALL TO	22173	
	MI/TMI, FI	レ 33173 City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	all:	
NAJLA BUBTA	ANA	at (786) 208-	2787
Name of		Area Code Daytin	ne Telephone Number
Enclosed is a check for th	c following amount:		
\$25.00 Filing Fee	☐ \$30.00 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)
Mollier Address		Causas & ddusses	
Mailing Address Registration S		Street Address: Registration Se	
Division of C	•	Division of Con	•
P.O. Box 632 Tallahassee, F		The Centre of 7	Fallahassee be Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLAIMING GRI	EATNESS, LLC	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liabilit	ty Company were filed on $\frac{4/26/2}{5}$	and assigned
This amendment is submitted to amend the following	s. 3.	
A. If amending name, enter the new name of the l	limited liability company here:	
THE PROCESS TO		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here Name of New Registered Agent:	ered office address on our records, <u>ente</u>	TALL/HASSEE, Flame of Bre new registered
New Registered Office Address:	C . C	
	Enter Florida street addr	
	, I	Florida Zip 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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
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ı am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffect	ive date, if other than the date of filing: (optional)
an ef lote:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco l is fi	rd 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 led.
ated	May 2 , 2024
	Mark Six
	Signature of a member or authorized representative of a member
	NAJLA BUBTANA Typed or printed name of signee

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