L24000345500

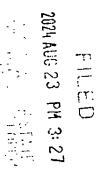
(Re	equestor's Name)
(Ad	dress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	J. HORNE AUG 2 7 2024

Office Use Only



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03/23/24--610.3--616 **25.60



COVER LETTER

TO: Registration Se Division of Con			
Riley-Clark SUBJECT:	ce Sons LLC		
30bJEC1	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Carline D Riley-Clarke		
		Name of Person	
	Riley-Clarke Sons LLC		
		Firm/Company	
	285 Gardner Lane; Apt 2A		
		Address	
	Kissimmee, FL 34743		
	c.rileyclarke@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Carline Riley-Clarke		339 203-5587 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres	ss:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

2024 AUG 23 PH 3:27

Riley-Clarke Sons LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L24000345500	
This amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited lia	oility company here:
	_ _
ne new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1801 Sandy Creek Lane
Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32826
nter new mailing address, if applicable:	205 Candana Laura A . A
DIEF DEW MAILING ANDRESS, if annlicable:	285 Gardner Lane; Apt A
	*·····
	Kissimmee, FL 34743
	*·····
Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34743
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office gent and/or the new registered office address here:	Kissimmee, FL 34743
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office	Kissimmee, FL 34743
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office	Kissimmee, FL 34743
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office tent and/or the new registered office address here: Name of New Registered Agent:	Kissimmee, FL 34743
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office ent and/or the new registered office address here:	Kissimmee, FL 34743
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	Kissimmee, FL 34743 address on our records, enter the name of the new regis Enter Florida street address
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	Kissimmee, FL 34743 address on our records, enter the name of the new regis

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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 = N $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
		<u></u>	□Add
			□Remove
			□Change
			□Remove
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			□Remove
			☐ Change
			□Add

____ □Change

n effective 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. te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. ecord 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 is filed.				
Pective date, if other than the date of filing: August 20, 2024 (optional) n effective 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 605.020: It the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as rement's effective date on the Department of State's records.				
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August 20 X Corin Likey - dane (MGR) Signature of a member or authorized representative of a member	•	ive date, but not an effective time,	at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Signature of a member or authorized representative of a member	ted August 20	2024		
Signature of a member or authorized representative of a member			`	
	X Colin d	Muy-dans (MGR		

(a) (b) (c) (c)

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section

Division of C	orporations		
Riley-Cla	rke Sons LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Carline D Riley-Clarke		
		Name of Person	
	Riley-Clarke Sons LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	285 Gardner Lane; Apt 2A		
		Address	
	Kissimmee, FL 34743		
		City/State and Zip Code	
	c.rileyclarke@yahoo.com		
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Carline Riley-Clarke		339 203-5587 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 AUE 23 PM 3:27

Riley-Clarke Sons LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on August 06, 2024	and assigned
Florida document number L24000345500		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1801 Sandy Creek Lane	
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32826	
Enter new mailing address, if applicable:	285 Gardner Lane; Apt A	
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34743	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City 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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□Change
			DAdd
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		,	□Remove
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Note: If the	date inserted is	han the date of date must be spec n this block does on the Departmen	ific and cann	ot be prior to		or more than 9	(optio 0 days after f ments, this	nal) iling.) Pursuan date will not	t to 605.0207 be listed as
e record speci d is filed.	ifies a delayed	effective date, b	ut not an ef	fective time	e, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th da	y after the
Dated Augus	t 20		202	24					
<u>iX</u>	Carin	Cilcup-d Signature Riley-C	of a membe	(MG A	2	•			
		~		· or authoriz	cu representa	tive of a memb	er		_