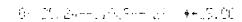


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Special Instructions to Filing	g Officer:
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COVER LETTER

TO:

Registration Section
Division of Corporations

CLICKS O	N DEMAND, LLC	
SOBJECT.	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	ROSE CHARLES	
		Name of Person
	CLICKS ON DEMAND, I	LLC
		Firm/Company
	23 CARDAMON	
		Address
	ORLANDO, FL, 32825	
		City/State and Zip Code
	clicksondemandseo@gmail	
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please ca	ali:
ROSE CHARLES		561 8569217 at ()
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	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

CLICKS ON DEMAND, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Completion of Complete Liability	pany were filed on August 23 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>s</u>	
		,
		7.
Enter new mailing address, if applicable:		· .
Mailing address MAY BE A POST OFFICE BOX)		•
		:
		∵. ::3
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the n</u>	
Name of New Registered Agent:		
New Registered Office Address:		
- 	Enter Florida street address	·
	, Florida	
	City	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
MGR	OBSON JUNIOR JOSEPH	23 CARDAMON DR, ORLANDO, FL, 32825	≣ Add
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			□Change
			DAdd
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ffective date, if other than (an effective date is listed, the date is lote: If the date inserted in this ocument's effective date on the	must be specific and solution block does not a	nd cannot be prior t meet the applica	o date of filing or t ble statutory fili	nore than 90 days a	fter filing.) Pursuant to	505.0207 (isted as t
record specifies a delayed effect is filed.	ctive date, but no	ot an effective tir	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day a	fter the
August 30		2024	_ ·			
	ROSE CHAR	LES	•			

Typed or printed name of signee