

L24000428172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

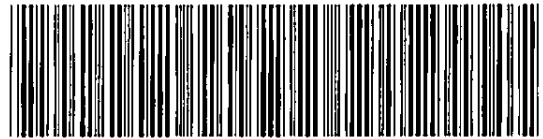
(Business Entity Name)

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TALLAHASSEE, FLORIDA

2024 OCT 15 PM 3:54

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# Taft/

Jeannette E. West, Esq.  
Tallahassee, FL 32303  
T: 904.243.1936 F: 904.243.1937  
taftlaw.com

Jeanette E. West  
216.706.3937  
JWest@taftlaw.com

October 14, 2024

**VIA FEDEX 7791 9506 0376**

Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Articles of Amendment to Articles of Organization of Finn Clover Lane LLC;  
Document No. L24000428172

Gentlemen:

Enclosed please find the original and one photocopy of Articles of Amendment to Articles of Organization, together with the filing fee in the amount of \$25, for filing on behalf of Finn Clover Lane LLC.

Please return evidence of filing the Articles of Amendment to me in the enclosed self-addressed stamped envelope. Should you need any additional information, please do not hesitate to contact me with any questions. Thank you for your assistance.

Sincerely,

Taft Stettinius & Hollister LLP

*Jeanette West*

Jeanette E. West

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Finn Clover Lane LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeanette West, Authorized Representative

\_\_\_\_\_  
Name of Person

Taft Stettinius & Hollister LLP

\_\_\_\_\_  
Firm/Company

200 Public Square, Suite 3500

\_\_\_\_\_  
Address

Cleveland, OH 44114

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanette West, Authorized Representative

216 706-3937  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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 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**

**FILED**  
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Finn Clover Lane 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 were filed on October 3, 2024 and assigned Florida document number 124000428172.

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 the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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**

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The optional provision contained in Article III should be deleted in its entirety.

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2024 OCT 15 PM 3:54  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 11, 2024



Signature of a member or authorized representative of a member

Jeanette West, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00