L25000111429

(Daywashada Nayas)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orly) State Liph Home #7
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Received Back via email - 10-2-25
Lo Cos
10-2-25

Office Use Only



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07/29/25~~01025~-020 **35.00



September 17, 2025

JUDITH M. CARNEY 7TH CARNEY GROUP LLC 251 S 3RD STREET LAKE MARY, FL 32746 US

SUBJECT: CLEARLY GREENZ LLC

Ref. Number: L25000111429

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$0.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

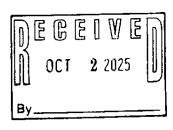
The form you submitted is for a Florida Benefit or Special Purpose Corporation amendment, but your entity is a Florida Limited Liability Company amendment. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Mary C Malone Amendment Section

Letter Number: 025A00020942



COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Clearly	y Greenz LLC		
SUBJECT:	Name of Lim	ited Liability Company	
291	5.6		
	f Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	Judith Carney		
		Name of Person	
	Clearly Greenz	LLC	
		Firm/Company	
	251 S 3rd Street		
		Address	
	Lake Mary FL 32	746	2025 OCT -2 AH 8:
		City/State and Zip Code	ņc1
	judycarney.age	=	m) 7
		to be used for future annual report notification	on) ادم
For further information	concerning this matter, please c	ali:	
Judith Carney		407-760-7817 at (
Name	of Person	Area Code Daytime Tele	phone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Maillian Adde	acc.	Street Address:	
Mailing Address: Registration Section		Registration Section	1
Division of Corporations		Division of Corpora	
P.O. Box 6327		The Centre of Talla	hassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

o3/05/2025 ore filed on		and assig	ned
Company," the designation	"LLC" or the abbr	eviation "L. L.	
Company," the designation	"LLC" or the abbr	eviation "L.L.	
, ,	"LLC" or the abbr	eviation "L.L.	
, ,	"LLC" or the abbr	eviation "L.L.	
251 S 3rd Street			C."
Lake Mary FL 32746	-		?025 OC
		, , ,	1
251 S 3rd Street	.	; (4)	2 411
Lake Mary FL 32746			3: <u>06</u>
iress on our records, <u>c</u>	enter the name	of the new	regis
Enter Florida street a	address		
City	, Florida	Zin Code	
	Lake Mary FL 32746	dress on our records, enter the name Enter Florida street address, Florida	dress on our records, enter the name of the new Enter Florida street address , Florida

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
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		<u></u>	□ Add
			□Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)
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(anti	anal)
Effective date, if other than the date of filing: (opti	onal) r filing.) Pursuant to 605.0207 (3)(b
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (becord is filed.	S date will not be made at the
1 /0 folian 1 2025	1 6 5
Dated	282
/L. HAM MC Comment	2025 OCT
Signature of a member or anthorized representative of a member	
Judith M. Carney	· · · · · · · · · · · · · · · · · · ·
<u></u>	•
Typed or printed name of signee	· Ξ
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Filing Fee: \$25.00	