## L99000005148

(Requestor's Name)				
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	. MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
Ì		1 1 1		

Office Use Only



900134409399

08/14/08--01028--006 \*\*30.00

SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS

J. BRYAN

AUG 1 8 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT: CloverL	_eaf_Capital Advisor	s, LLC	<del>-</del>
		ited Liability Company)	<u> </u>
	Amendment and fee(s) are sub	-	
	E. Nicholas Davis, III		
		(Name of Person)	<del> </del>
	CloverLeaf Capital, LLC		
		(Firm/Company)	90 80 80 80
	1030 North Orange Aver	nue, Suite 105	OF AUG 14 AM 10: 18
		(Address)	OF COR
	Orlando, Florida 32801		H Oc
		(City/State and Zip Code)	
For further information of	oncerning this matter, please c	all:	ආ ₹
Jennifer Loomis		at ( 407 ) 367-2199	
(Name	of Person)	(Area Code & Daytime T	elephone 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 & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/COURIER	ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ON ANG 14 MAIO: 18

CloverLeaf Capital Advisors, LLC

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

my wore filed on 8/18/1999	රා ond serious d			
any were med on	and assigned			
iability company here:				
imited Liability Company," the	designation "LLC" or the abbreviation			
1030 North Orange Ave	enue			
Suite 105				
Orlando, Florida 32801				
1030 North Orange Ave	enue			
Suite 105				
Orlando, Florida 32801				
office address on our rec	ords, <u>enter the name of the new</u>			
New Registered Office Address: 1030 North Orange Avenue, Suite 105				
(Enter Flo	rida street address)			
	_, Florida <u>32801</u>			
(City)	(Zip Code)			
<u>i.</u>	1030 North Orange Avenue, Suite 105 Orlando, Florida 32801 1030 North Orange Avenue, Suite 105 Orlando, Florida 32801 office address on our receivere: Orange Avenue, Suite 105			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			remain .	
			- D	
			Add Remove	
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necesso	nry.) 	
			SECRE DIVISION ( 08 AUG	
Dated Augus		r or authorized representative of a member	FILED JARY OF STA JE CORPORATI	
	E. Nicholas Davis, III	or printed name of signee	SKOLL SKOLL	

Page 2 of 2

Filing Fee: \$25.00