

M11000005766

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)866-2689

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: documents@incorp.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CLAROCITY VALUATION SERVICES, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	\$60.00

CLAROCITY VALUATION SERVICES, LLC

FILED  
2021 JUN 11 PM 4:29  
TALLAHASSEE, FLORIDA

**COVER LETTER**

H210002304913

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clarocity Valuation Services, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Barajas  
Name of Person

InCorp Services, Inc.  
Firm/Company

3773 Howard Hughes Parkway Suite 500S  
Address

Las Vegas, NV 89169-6014  
City/State and Zip Code

documents@incorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Barajas for InCorp Services, Inc. at ( 702 ) 866-2500 ext. 6910  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: CLAROCITY VALUATION SERVICES, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M11000005766

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 11/15/2011

**SECTION II (3-9 complete only the applicable changes)**

5. New name of the limited liability company: Voxtur Valuation, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*SLRJD*

Signature of the authorized representative

Shane Copeland

Typed or printed name of signee

Filing Fee: \$25.00

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

H210002304913

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**SCOTT SCHWAB**

H210002304913

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6542765

Entity Name: VOXTUR VALUATION, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on June 16, 2011, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of June 09, 2021

**SCOTT SCHWAB**  
**SECRETARY OF STATE**

Certificate ID: 1179894 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.



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04/23/2021 11:25 AM

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→ 17652964570

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 <b>KANSAS SECRETARY OF STATE</b> <b>Business Entity Certificate</b> <b>of Amendment</b>	3212 01 053 015 \$35.00	<b>FILED BY KS SOS</b> 04-23-2021 04:28:17 PM FILE#: 6542765
	 05986289	
Memorial Hall, 1st Floor (785) 296-4564 120 S.W. 10th Avenue kssos@sos.ks.gov Topeka, KS 66612-1594 https://sos.ks.gov		

1. **Business entity ID/file number:**  
 Not Federal Employer ID Number (FEIN).  
 6542765

2. **Name of business entity:**  
 Must match name on record with Secretary of State.  
 Clarocity Valuation Services, LLC

3a. **Indicate the type of document to be amended:**

- |  |  |
|--|--|
| <input type="checkbox"/> Kansas For-Profit Articles of Incorporation (fee \$35)                          | <input type="checkbox"/> Kansas Limited Liability Partnership Statement of Qualification (fee \$35)              |
| <input type="checkbox"/> Kansas Not-for-Profit Articles of Incorporation (fee \$20)                      | <input type="checkbox"/> General Partnership Statement of Partnership Authority (fee \$35) (Skip to Question 4.) |
| <input checked="" type="checkbox"/> Kansas Limited Liability Company Articles of Organization (fee \$35) | <input type="checkbox"/> Foreign Entity Application for Registration (fee \$35 for-profit; \$20 not-for-profit)  |
| <input type="checkbox"/> Kansas Limited Partnership Certificate (fee \$35)                               |  |

3b. **The document indicated above is amended as follows:**  
 (If additional space is needed please provide an attachment.)

The name of the Limited Liability Company shall be Voxtur Valuation, LLC

4. **For general partnerships only — Identify the statement to be amended and indicate the amendment to be made:**

&gt; 04/23/2021 11:25 AM

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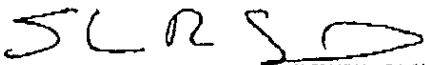
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5. Effective date:	<input type="checkbox"/> Upon filing with the Kansas Secretary of State	<input checked="" type="checkbox"/> Future effective date: (Cannot be later than 90 days after the date this certificate is filed.)	Month	Day	Year
			6	14	2021

6. Signature(s): Sign in the appropriate section below according to the type of business entity for which the amendment is being filed.

**For Kansas corporations, limited liability companies and limited liability partnerships, general partnerships, and all foreign covered entities:**  
(See below for required signature.)\*

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature 	Name of Signer (Printed or Typed) Shane Copeland, CEO, Clarocity Inc., Sole Member
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\*Kansas entities: Requires the signature of an authorized officer of a corporation, authorized person of a limited liability company or limited liability partnership, or a partner of a general partnership.

\*Foreign covered entities: Requires the signature of an officer, director, authorized person or partner with authority according to the organic documents of the entity in its home state.

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**For Kansas limited partnerships only:**  
(See below for required signature(s).)\*\*

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature of General Partner	Name of Signer (Printed or Typed)
Signature of new General Partner (If amendment adds a new general partner)	Name of Signer (Printed or Typed)

\*\*Kansas limited partnerships: Requires the signature of at least one general partner and by each other general partner who is designated in the certificate of amendment as a new general partner.



I hereby certify this to be a true and correct copy of the original on file.  
 Certified on this date: April 23, 2021  
 SCOTT SCHWAB  
 Secretary of State *Scott Schwab*

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