

L22000491466

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(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CLAPPS LANDING 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:

Bea Clapp, Trustee  
Name of Person  
Trust Agreement of James Norton Clapp II  
Firm/Company  
1268 Gallop Drive  
Address  
Loxahatchee, FL 33470  
City/State and Zip Code  
Beaclapp@aol.com  
E-mail address: (to be used for future annual report notification)

2023  
ST  
TALLAHASSEE, FL 32304  
JED

For further information concerning this matter, please call:

Bea Clapp at ( 561 ) 307-8754  
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

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CLAPPS LANDING 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 11-21-2022 and assigned Florida document number L22000491466.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2023  
ST  
MINNISCOTT  
FL 326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2023  
ST  
MINNISCOTT  
FL 326

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Paragraph 9 of the Articles of Organization of Clapps Landing LLC is herewith amended to read as follows:

9. Additional Members. The names and addresses of additional members(s) are as follows:

Davis O. Clapp, 15695 Temple Boulevard, Loxahatchee, FL 33470

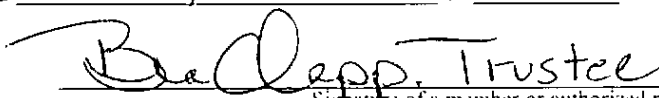
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 January 11, 2023



Signature of a member or authorized representative of a member

Bea Clapp, Trustee

Typed or printed name of signee

2023  
SF  
FAL  
with  
initials  
2023

11/11