(Requestor's Name) (Address)	700064627027
(Address)	100004021021
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	01/27/0601042028 ** 30
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**30.00

M. HODGES

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Strategic Expansion Technologies, LC (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:
Sara Goldberg (Name of Person)
Clearwater Dreaming, LLC (Firm/Company)
1547 PUTNAM COURT (Address)
Dunedin Fl 34698 (City/State and Zip Code)
For further information concerning this matter, please call:
Sora Goldberg at 727, 735-009 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\infty\$\$30.00 Filing Fee & \$\infty\$\$\$55.00 Filing Fee & \$\infty\$\$\$\$\$\$55.00 Filing Fee & \$\infty\$
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Strategic Expansion Technologies, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on Oct. 1, 2004 and assigned document number L0400071997	
SECOND:	This amendment is submitted to amend the following:	
	The name "Strategic Expansion Technologies, LLC" is being changed to the warms!	
	is being changed to the warne! "Clearwater Dreaming, LLC"	
•,	The LLC shall be managed under the	
9	iration of one or more Board mambers:	
<	Sheldon Goldberg, Prosident & Sara Goldberg, Secretary	
	Treadurer.	
	The address of the management is changed to	
`	1547 Putnam Court, Dunedin, Fl 34696	
Dated	January 23, 2006	
	Signature of a member or authorized representative of a member	
	Signature of a niemon of authorized representative of a member	
	Sara Goldberg	
Typed or printed name of signee		

Filing Fee: \$25.00