## 105000000354

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J. LEGGETT MAY 30 2018



## **COVER LETTER**

TO: Registration Division of C			
JOEY C'S	S FLOORING, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles (	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JOSEPH CHIAROMONT	Е	
		Name of Person	<u> </u>
	CLEAR VIEW PROPERT	Y SERVICES, LLC	
		Firm/Company	
	13155 DON LOOP		
		Address	
	SPRING HILL, FL 34609		
		City/State and Zip Code	
	TAMMI@WARRENSTAX		
	E-mail address; (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all;	
JOSEPH CHIAROMO	ONTE	352 585-0867	
Name	e of Person	at () 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 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

JOEY C'S FLOORING, 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  $\frac{12/30/2004}{1}$ and assigned Florida document number L05000000354 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CLEAR VIEW PROPERTY SERVICES, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>Title</u>	<u>Name</u>	Address	Type of Action
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