## L0800001494

· ·				
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Datimos Entry Name)				
(Document Number)				
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M. Guillignen FEB 26 2008

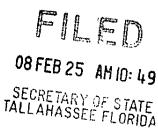
## **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJE	• <sub>CT:</sub> Clèar Vie	w Managment LLC				
			ited Liability Company)			
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ro	eturn all correspor	ndence concerning this matter	to the following:			
		Shannon Nelson		<u>.</u>		
	•		(Name of Person)			
			(Firm/Company)			
	33 East Robinson Street, STE 200					
			(Address)			
		Orlando, FL 32801				
			(City/State and Zip Code)			
For furth	ner information co	oncerning this matter, please o	all:			
Shanr	non Nelson	•	at (407 ) 244-1200			
		f Person)	(Area Code & Daytime 1	elephone Number)		
Enclosed	is a check for the	e following amount:				
<b>₹</b> \$25.0 ;	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)		
	MAILI	NG 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



Clear View Managment LLC (Name of the Limited Liability Company as it) (A Florida Limited Liability)	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fi	led on Jan 4th 2008 and assigned	
Florida document number <u>L08000001494</u> .		
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited liability con	mpany here:	
Clear View Management, LLC		
The new name must be distinguishable and end with the words "Limited Liab "L.L.C."	ility Company," the designation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered office address here:	dress on our records, <u>enter the name of the new</u>	
Name of New Registered Agent:	·	
New Registered Office Address:		
110W Tragistarda Office Fidadess.	(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 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 Changing Registered Agent, Signature of New Registered Agent)

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						
Title .	<u>Name</u>	Address	Type of Action			
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D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	<del></del>			
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 Dated						
<u></u>						
	Signature of a member	r or authorized representative of a member				
		nen Lason or printed name of signee	<del></del>			

Page 2 of 2

Filing Fee: \$25.00