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COVER LETTER

TO: Registration Section Division of Corpo					
SUBJECT:	Clear Holdin	ys,LLC			
	Name of Lim	ned Liability Company			
The enclosed Articles of Articles	nendment and fee(s) are sul	omitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	Joh	n Honker Name of Person			
		Name of Person			
	Clea	Holdings, LCC			
		Firm/Company			
	IIII Bricke	11 Ave, 11th Floor		2011 FEB 28 AN ID. 12 SECRETARY OF STATE TALLAHASSEE, IT ORIDA	
		Address			- 7
	Miani,	FL 33131 City/State and Zip Code Car @ clear connecting. to be used for future annual report notification.	<u>. </u>	B 28	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	9 1	City/State and Zip Code			7
-	E-mai/address: (i	to be used for future annual report notification	· com_ on)		-
For further information cond	•				
John Ho	nkev	at (7%) 209 89 Area Code & Daytime Tel	52		
Name of Po	erson	Area Code & Daytime Tel	lephone Number	•	
Enclosed is a check for the t	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 Sta Certified Copy (additional copy	atus &	

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

The Articles of Organization for this Limited Liability Company were filed on 6/23Florida document number L0800006/5/8 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 end with the words "Limited Liability Company," the designation "LLC" or the aboveviation "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 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.

City

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

<u>Title</u> Name 1 <u>Address</u> Type of Action John Honker MGR ☐ Add Remove ☐ Add Remove Ādd Remove Ādd Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Dated ____ Signature of a member or authorized representative of a member John Honker
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00