

W09000029587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

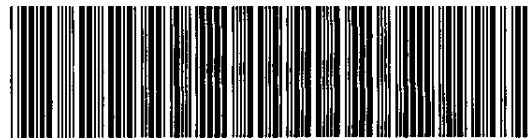
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T. CUNE

NOV - 5 2010

EXAMINER

CLERK OF STATE
TALLAHASSEE, FLORIDA

2010 NOV - 4 AM 10 36

FILED

John B. Mizell, LL.M.
FL Bar Board Certified
Wills, Trusts & Estates

Tina M. Mays
Attorney at Law



ATTORNEYS AT LAW

331 SULLIVAN STREET • PUNTA GORDA, FLORIDA 33950
PHONE (941) 575-9291 • FAX (941) 575-9296
www.mizell-law.com

Wills, Trusts
& Estate Planning
Probate
Tax Planning
Business Law
Real Estate Closings

November 2, 2010

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, Florida 32314

Re: CLEAR VIEW FINANCIAL SERVICES, LLC

To Whom It May Concern:

Enclosed you will find the Articles of Amendment to Articles of Organization of CLEAR VIEW FINANCIAL SERVICES, LLC and a check in the amount of \$25.00 for the filing fee. If you have any questions or need additional information, please feel free to call me at the number above or email me at paralegal@Mizell-Law.com. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Carol L. Kyre'.

Carol L. Kyre

enclosures

FILED
2010 NOV -4 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLEAR VIEW FINANCIAL SERVICES, 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:

JOHN B. MIZELL

Name of Person

MIZELL LAW FIRM, P.A.

Firm/Company

331 SULLIVAN STREET

Address

PUNTA GORDA, FL 33950

City/State and Zip Code

STEPHEN.WIERHAKE@CLEARVIEWFS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN B. MIZELL

Name of Person

at (941)

575-9291

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 NOV -4 AM 10:38

FILED

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

CLEAR VIEW FINANCIAL SERVICES, 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 03/20/2009 and assigned
Florida document number L09000029587.

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 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:

STEPHEN WIERHAKE

New Registered Office Address:

18501 MURDOCK CIRCLE, SUITE 308

Enter Florida street address

PORT CHARLOTTE

, Florida

33948

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

10/29/2010

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DISHER, MARY E	18501 MURDOCK CIRCLE SUITE 308 PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	STEPHEN WIERHAKE	18501 MURDOCK CIRCLE SUITE 308 PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EMAIL ADDRESS TO USE FOR FUTURE ANNUAL REPORT REMINDERS:

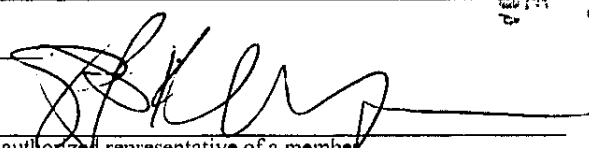
STEPHEN.WIERHAKE@CLEARVIEWFS.COM

2010 NOV -4 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILE

Dated

10/29, 2010



Signature of a member or authorized representative of a member

STEPHEN WIERHAKE

Typed or printed name of signee