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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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FILED
2011 MAY 20 AM 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
MAY 23 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Clear View Group 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:

Vendor Solutions Inc.

Name of Person

Vendor Solutions Inc.

Firm/Company

510 W. 6th St. #308

Address

Los Angeles, CA 90014

City/State and Zip Code

~~ronald@mbowst.com~~

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

clearviewgroupllc@yahoo.com

For further information concerning this matter, please call:

Vendor Solutions Inc.

213-623-0722

Name 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

FILED
2011 MAY 20 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CLEAR VIEW GROUP 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 FEB 1 2010 and assigned Florida document number L 1000011665.

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)

3152 LITTLE Rd
SUITE 216
TRINITY FL 32085
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 MAR 20 PM 10:08
FILED

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

_____, 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

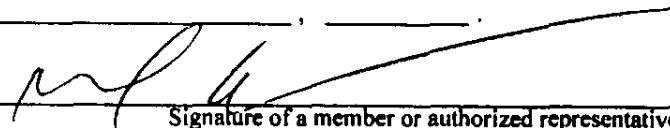
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FRANK VISICARO	10340 N. Warehouse Pt	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Ronald dembowski	10340 N. Warehouse Pt CRYSTAL RIVER FL 34428	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FRANK VISICARO	3152 Little Rd. SUITE 216 TRINITY FL 34655	<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

FILED
MAY 28 2008
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

PLEASE REMOVE ~~FRANK~~ RONALD DEMBOWSKI
ADD FRANK VISICARO

Dated


Signature of a member or authorized representative of a member

Typed or printed name of signee