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EFFECTIVE DATE 12-30-11

11 DEC IN PH I: IN

B. BOSTICK
DEC 15 2011
EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: CLEATTM LLC Name of Limited Liability Company		
	Name of Emined Elability Company		
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Llewyn CLARKe		
	Name of Person		
	Firm/Company		
	3901 S-OCEAN DR 2K		
	Hollywood FZ 33019		
	HOlywood FZ 33019 City/State and Zip Code Lulyn Clarke @ YAH00 · Com E-mail address/(to be used for future annual report notification)		
For fur	E-mail address (to be used for future annual report notification) ther information concerning this matter, please call:	Fe -	
. 0	11 1 11000	רלין!! חסום	'z";
	Henry Clarke at (754) 264-400 Area Code & Daytime Telephone Number		* ##
			ي د. پي د معدد
Enclose	ed is a check for the following amount:	LONG H	
D \$25	6.00 Filing Fee \$\ \text{\$\sum_\$\$30.00 Filing Fee & \text{\$\sum_\$\$\$55.00 Filing Fee & \text{\$\sum_\$\$\$\$\$\$\$\$Certificate of Status \$\text{Certified Copy}\$\$\$ Certificate	ng Eee,	
	(additional copy is enclosed) Certified		ed)

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

Name of the Limited Liability	ty Company as it now appears of Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability	_			
	Company were fried on 12-3	0-2011 and assigned		
Florida document number <u>L 100000 46370</u>	· .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	'the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	 1		
Enter new mailing address 18 and 15 and 1.				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	 			
B. If amending the registered agent and/or registered agent and/or the new registered office ado		records, enter the name of the new		
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>	Type of Action				
Merm	Llewlyn CLARKE	3901 S. OCEAN DR 2K HONYWOOD FL 33019	Add N Remove				
			Add Remove				
			Add Remove				
	 		Add Remove				
		•	Add Remove				
		,	Add Remove				
D. If amendi	eing any other information, enter change EFFECTIVE DATE	(s) here: (Attach additional sheets, if necessary.) 2-30-2011	_				
		T I I I I I I I I I I I I I I I I I I I	11 B				
Dated 12	L-7-2011	\mathcal{E}_{i_1}					
-	Llewhon C	or authorized representative of a member A Control of the Control of Signee					

Page 2 of 2

Filing Fee: \$25.00