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EXAMINER EXAMINER X SALY

COVER LETTER

SUBJECT: CLYSTAL CLEAR RESTORATION, C.C. 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:					
GERARDO HERRERA Name of Person					
CHASTAL CLEAR MESTORATION, LLC.					
12973 5W 112 ST. # 174 Address					
MIAMI , FL 3318(e City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: LENGRO ENGLISH at (305) 345-5921 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ 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

ART	ICLES OF AME	NDMENT	
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	LEAR L	ESTORATION	. L'EUT. FLORID.
(<u>Nam∉ of the Limited</u> (A	Liability Company as it Florida Limited Liability	now appears on our rec Company)	ofds.)
	•	/_ /	1
The Articles of Organization for this Limited Li	ability Company were f	iled on <u>07/26</u>	2010 and assigned
Florida document number <u>—1000007</u>	7953.	(
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability co	mpany here:	
 			
The new name must be distinguishable and end with 'L.L.C."	h the words "Limited Lia	oility Company," the desi	ignation "LLC" or the abbreviation
Enter new principal offices address, if applica			
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>		
Enter new mailing address, if applicable:	···	***************************************	
(Mailing address MAY BE A POST OFFICE I	BOX)		
B. If amending the registered agent and/o		ldress on our records	s, enter the name of the new
registered agent and/or the new registered of	fice address here:	1	
	GERGEDO	HERRERA	
Name of New Registered Agent:	GERARDO	HERNERIX	
New Registered Office Address:	12973	5W 112 ST	#174
		Enter Florida .	street address
	MIANI	E'	lorida 33/8(0
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Type of Action Address** <u>Name</u> MGR CRYSTAL LANE

MGR GERARDO GENRERA _ Add 541 NW 82 CT. MIDMI, FC 33126 ☐ Add Remove ∏Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00