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Office Use Only



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DIVISION OF CORPORATION

T. HAMPTON

NOV - 9 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Clarview Sinkam & Screens UC 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: | | |
| MARIA GUTTERT Name of Person | | |
| Clearview Synraum and Screens LLC | | |
| 1151, SE Th Ave | | |
| Pomp Pan Fl 38000 City/State and Zip Code | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| MARIA GUTTERT at 601 572 1344 Name of Person at 602 572 1344 Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee \$Certificate of Status \$55.00 Filing Fee &Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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 | | |
| Tollaharana El 20201 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | and Screens LLC Appears on our records.) |
|--|---|
| The Articles of Organization for this Limited Liability Company were filed Florida document number | on Ot 14 2010 and sign Secret |
| This amendment is submitted to amend the following: | RY OF SORPO |
| A. If amending name, enter the new name of the limited liability compa | ATIO |
| The new name must be distinguishable and end with the words "Limited Liability "L.L.C." | Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | np Bch Pl 33000 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | DECH FL 33000 |
| B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: | ss on our records, enter the name of the new |
| Name of New Registered Agent: | Ith Onle |
| New Registered Office Address: Pomp But City | Enter Florida street address Florida 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 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 **Address Type of Action** ☐ Add Remove Add Remove ☐ Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) gnature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00