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J. SAULSBERRY EXAMINER NOV 2 2 2011

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: Clear Choice Stands LLC Name of Limited Liability Company Name of Limited Liability Company Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Della Palacios Name of Person
	Clear Choice Stands LLC
	22/010 Reefview LOOP
	Apopka, FL 32712 City/State and Zip Code doclacios @ clearchoice stands, Com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Della Palacios at 407 406 0536 Name of Person Area Code & Daytime Telephone Number
	ed is a check for the following amount: 5.00 Filing Fee \$\ \text{S55.00 Filing Fee & Gertificate of Status} \text{ \$\ \text{Certificate of Status} \text{ \$\ \text{Certified Copy (additional copy is enclosed)} \text{ \$\ \} \text{ \$\ \text{Certified Copy (additional copy is enclosed)} \text{ \$\ \} \text{ \$\ \text{Certified Copy (additional copy is enclosed)} \text{ \$\ \} \text{ \$\ \} \text{ \$\ \text{Certified Copy (additional copy is enclosed)} \text{ \$\ \} \text{ \$\ \text{Certified Copy (additional copy is enclosed)} \text{ \$\ \text{Certified Copy (additional copy is enclosed)} \text{ \$\ \} \text{ \$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certif

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 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 12 17 2010 and assigned Florida document number 410000128949			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	ZOI TAL		
(Principal office address MUST BE A STREET ADDRESS)	NOV 21		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zin 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 **Type of Action** Title **Address** <u>Name</u> ☐ Remove Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signec

Page 2 of 2

Filing Fee: \$25.00