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COVER LETTER

Tallahassee, FL 32314

TO:	Registration S Division of Co					
SHRIF	CT•	CLEAR WATER MA	NAGEMENT GRO	UP, LLC		
SOBJE	Name of Limited Liability Company					
The enc	losed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please r	eturn all corresp	ondence concerning this matter	to the following:			
	ETTA KOHL		-			
			Name of Person			
	USA BUSINESS SERVICES, INC.			INC.	_	
	Firm/Company					
1422 SE 8TH AVE.		.= ~				
			Address		AND SEC	
	CAPE CORAL, FL 33990		2012 AUG SECRET			
	City/State and Zip Code			SSE SSE		
		F. mail address:	KOHL@USABIZ.BIZ to be used for future annual repo	rt notification)	OF S	
For furt	her information	concerning this matter, please		n notrication)	M S: 02 OF STATE E, FLORIDA	
roi tuit	ner information	concerning this matter, piease v	aii.		State 12	
		NO MONACHESE	at (_239_)	400-2987		
	Name (of Person	Area Code & I	Daytime Telephone Number	er	
Enclose	d is a check for t	the following amount:				
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certifie	ate of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/C Registration Division of C Clifton Build	Corporations			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEAR WAT	ER MANA	<u>SEMENT GR</u>	OUP, LLC		_	
(<u>Name of the Limited</u> (A	<u>Liability Compa</u> Florida Limited I	ny as it now appea Liability Company)	rs on our records.			
The Articles of Organization for this Limited Lie	were filed on	09/14/2011	and assigned			
Florida document number L11000105	440					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company he	re:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Comp	any," the designation	"LLC" or	the abb	reviation
Enter new principal offices address, if applicable:		1422 SE 8TH	HAVE.			
(Principal office address MUST BE A STREET ADDRESS)		CAPE CORA	AL, FL 33990	Ä.SE	26:00	
				CRE	23 22	* 7
Enter new mailing address, if applicable:	1422 SE 8TH	I AVE.	TARY C ASSEE	617	dy-annually and the state of th	
(Mailing address MAY BE A POST OFFICE BOX)		CAPE CORA	AL, FL 33990	E C	ΞĒ	
				F STATE FLORIDA	2	
B. If amending the registered agent and/or registered agent and/or the new registered of			our records, <u>ente</u>			the new
Name of New Registered Agent:	USA BUSINESS SERVICES, INC.					
New Registered Office Address:	1422 SE 8T					
	Enter Florida street address					
		PE CORAL	, Florida	33	3990	
		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 oddress, 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 **Title** Name 1 **Address Type of Action** □ Add Remove ☐ Add ☐ Remove _ Add Remove ☐ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AMENDING ADDRESS OF MGRM (PINE GROVE GROUP, INC.) TO: 1422 SE 8TH AVE. CAPE CORAL, FL 33990 **AUGUST 13** 2012 Dated _____ Signature of a member or authorized representative of a member NICOLINO MONACHESE, President/Director of PINE GROVE GROUP, INC.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00