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13 OCT 28 PM 4: 22 SECRETARY OF STATE

OCT 3 0 2013

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Clear Homes Title Trougance Company LCC. 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:
Tatiana Tamayo Name of Person.
Clear Homes Title Company LLC.
2200 NW Corporate Blud 5.306.
Boca Raton, FL 33431 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tationa Tamayo at 991 825-5722 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clear Homes litle	bility Company as it now appears of	ompany UC nour records.)
(A Flo	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 03	12 20013 and assigned
Florida document number <u>L1300037</u>	459	
This amendment is submitted to amend the followi	ng:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
	ompany LLC.	
The new name must be distinguishable and end with the "L.L.C."	ie words "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	۵۰	
Principal office address MUST BE A STREET A		Por S
Trucipal Office dualess MOST DE A STREET A	IDDKE33]	FE S T
		ASS P
Enter new mailing address, if applicable:		Y P P
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	FST F.
Maning address MAT BE AT 031 OFFICE BU	<u></u>	ORITE 22
B. If amending the registered agent and/or	registered office address on our	records, enter the name of the new
registered agent and/or the new registered office		•
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 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>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			
			Remove
			Add
			Remove
			Add
			Add
			Remove
			Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
ated _	October 231d., 2013.
	tationa yo
	Signature of a member or authorized representative of a member
	Tationa Tamava Gliberto Iner Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00