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SECRETARY OF STATE
SECRETARY OF STATE
AND ANASSEE FLORID

S. WARREN NOV 1 3 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CLaarer Headlights LLC Name of Limited Liability Company
FEI/EIN NUMBER 47-3826579
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Darrond Lumpkin Name of Person
Clearer Huadlights LLC
7-300 Grant Street
City/State and Zip Code
For further information concerning this matter, please call:
Darrond Lampkin at 954 391-2569 Name of Person Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cloarer Head	liahts LLC	
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \(\bigs\bigs\bigs\bigs\bigs\bigs\bigs\bigs	were filed on NOV 20, 7	2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab CSE May Let The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	ing Group L	LC or the abbreviation "L.L.C." and Street
(Principal office address MUST BE A STREET ADDRESS)	Hwd, FL	33024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
·		:J.
	, Flori	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 605, 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

Page 1 of 3

FILED STAIL

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added for removed from our records:

MGR = Manager

AMBR = Authorized Member

Address Type of Action <u>Title</u> Name Authorized Hollis Holloway 3322 NN 103rd AVE DANG Representative Sunvise, FL 33351 Green ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Note: I	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 30th day after the record is filed.
	Nov 775 2017.
) The 9	Nov 775 2017.
The 9	Nov 775 , 2017.

Page 3 of 3

Filing Fee: \$25.00