8/2/2019

Division of Corporations

(((H19000231909 3)))

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1119000231909.3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ADVOS LEGAL PLLC Account Number : I20150000090 : (904)567-5311 Phone Fax Number : (904)339-9504

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

8: 4.3 AUG - 5

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Certificate of Status ø Certified Copy 05 Page Count \$25,00 Estimated Charge

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O SIMMONS

(((H190002319093)))

COVER LETTER

(((H19000231909 3)))

Division of Corporations									
eno ic		Clearseuse, LLC							
Name of Limited Liability Company									
The enc	dosed :	Articles of .	Amendment and fee(s) are sub	mitted for filing.					
			ndence concerning this matter						
	Whitney Harper								
	Name of Person								
	ADVOS legal pile								
	Firm/Company								
		5000 Sawgrass Village Circle, Suite 7							
	Address								
		Ponte Vedra Beach, F1, 32082							
			City/State and Zip Code						
			support@advoslegal.com						
For furt	ther inf	ormation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ilication)				
Whitney Harrer				904 567-5311					
Name of Person			if Person	Area Code Daytin	ne Telephone Number				
Enclose	ed is a	check for th	he following amount:						
■ \$25	5.00 1'i'	ling Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	MAILING ADDRESS:			STREET/COUR Registration Secti					
Registration Section Division of Corporations				Division of Corporations Clifton Building					
P.O. Box 6327 Tallahassee, FL 32314				2661 Executive Center Circle Tallahassee, FL 32301					

2019-08-02 21 06:30 (GMT)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(((H190002319093)))

Clearsense, LLC			
(Name of the Limited Liability Compa- (A Florida Limited I.	iv as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.13000172449	were filed on December 13, 2013 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ny Company," the designation "LLC" or the abbreviation "L,L.C."		
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	enter address on our records. enter the manier of the in		
	5 <u>4</u> ≥ 0		
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	7		
	EnterFloridastreoraddress		
	, Florida Cite ZipCode		
N. D. C. L. C.	City ZspCode		
New Registered Agent's Signature, if changing Registered Agent:	and in this manning I find a summer to comply make		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
If Cha	nging Registered Agent, Signature of New Registered Agent		

Page 1 of 3

To, Florida Department of State Page 4 of 5 2019-08-02 21 06.30 (GMT)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H1900U231909 3))) or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR —	Kirk Moquin	13901 Suiton Park Dr. South	
		Suite 101	■ Remove
		Jacksonville, F1, 32224	☐ Change
MGR	Mark Thompson	13901 Sutton Park Fir. South	-
		Suite 101	Add 🖳
		Jacksonville, FL 32224	□ Remove
			Change
			Remove
			Change 5
			Remove
••••			
			☐ Remove
			Change
			□ Remove
•			Change

2019-08-02 21.06 30 (GMT) To: Florida Department of State Page 5 of 5 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H19000231909 3))) E. Effective date, if other than the date of filing: (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated July 22

Page 3 of 3

Signature of a member or authorized representative of a member

Typed or printed name of signee

Joy Fulton, Secretary

Filing Fee: \$25.00