Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Corporate Filing Menu

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COVER LETTER

Division of Cor			
Clear Glot	bal LLC		
30000011	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	100 W. Broadway Suite	100	
		Address	
	Glendale, CA 91210		
		City/State and Zip Code	
	bradloh@aol.com		
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For further information of	oncerning this matter, please c	all:	
lmelda Vasquez		323 962-8600 es	xt 7950
Name of	f Person		: Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate 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 Global LLC				
(Name of the Limited Liability Comp (A Florida Limited	iny as it now appears on our records.) Liability Company)	-	_	
The Articles of Organization for this Limited Liability Company Florida document number L14000040619	were filed on 03/11/2014	and	assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limited Link	ility Company," the designation "LLC" or the	ahhrēvlatic	տ "ե ե (<u> </u>
Enter new principal offices address, if applicable:		CAR AR	AP	
(Principal office address MUST BE A STREET ADDRESS)		_ <u>S</u>	2	ACCIDENCE (Friedrice)
		E S	3	117
Enter new mailing address, if applicable:	P.O. Box 211524	SA S	' ;	7.000
(Mailing address MAY BE A POST OFFICE ROX)	Royal Palm Beach, Florida 33421	DA Z	<i>t</i> :2	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		the nan	ie of	the new
New Registered Office Address:				
•	Enter Florida street address			
	, Florida	Zip Co	de	
New Registered Agent's Signature, if changing Registered Agent:	•	ząp co		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing 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 provided for in Chapter 605, F.S. Or,	familiar , if this de	with ai	nd

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized	the Managers or Authorized Member Member being added or removed fron	r on our records, enter the title	anne, and address of each Manager or
MGR = M			
Title	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
	***		□ Add
			□ Remove
			AHA SCENOVE
			TATE ORIGA
			Add
			☐ Remove
			□ Remove
	*		□ Add
			☐ Remove

MGR, Bradley Hurston	n, P.O. Box 211524, Royal Palm Beach, Florida 33421
MGR, Ruby Hurston, F	P.O. Box 211524, Royal Palm Beach, Florida 33421
•	
fective date, if other than t	he date of filing: (optional)
e effective date must be specific, ca	annot be prior to date of receipt or filed date and cannot be more than 90 days after
Effective date, if other than the effective date must be specific, of the date this document is filed by the	annot be prior to date of receipt or filed date and cannot be more than 90 days after

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Bradley Hurston
Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA