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TO:	Registration Section
	Division of Corporations

CLARITY BUSINESS SOLUTIONS, LLC

SUBJECT: _

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:

	PEDRO PEROLINI					
		Name of Person				
	CLARITY FINANCIAL	SOLUTIONS, LLC				
		Firm/Company				
	519 LIVE OAK LN					
	 	Address				
	WESTON, FL 33327					
		City/State and Zip Code				
	PEDROPEROLINI@GMA	·			~3	
	E-mail address:	(to be used for future annual report notifi-	cation)		123	
For further information of	concerning this matter, please o	eall:			2024 (1951)	•
PEDRO PEROLINI		954 816-4415 at ()		1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	# <u>_</u>	-
	f Person		Telephone Number	100 200 230 230 230	PH 3: 36	
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified (e of Status Copy		

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLARITY BUSINESS SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on	FEBRUARY 25, 201	5		
Florida document number L15000034958	any were med on			and ass	agnea
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company	here:			
CLARITY FINANCIAL SOLUTIONS, LLC					
The new name must be distinguishable and contain the words "Limited Li	ability Company," th	e designation "LLC" or	the abbrevia	ation "L.	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
					_
Enter new mailing address, if applicable:	<u> </u>				
(Mailing address MAY BE A POST OFFICE BOX)					
	<u></u>		<u>.</u>	2	
				ī- <u>i</u>	
B. If amending the registered agent and/or registered office	e address on our	records, enter the	лаme of t	he nev	v registered
agent and/or the new registered office address here:			`:	1	<u> </u>
				77	
Name of New Registered Agent:		<u> </u>	- ;	<u>=</u> ႊ	
New Registered Office Address:			-, . !	ယ	
	Enter F	lorida street address	1.,	- 01	
		, Florid			
	City		Ziţ	o 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
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ective date, if other than the date in effective date is listed, the date must be speter. If the date inserted in this block document's effective date on the Department.	cific and cannot be prior es not meet the applic	r to date of filing or cable statutory fil	more than 90 days a	after filing.) Pursuant	to 605.0207 be listed as
ecord specifies a delayed effective date, s filed.	but not an effective ti	ime, at 12:01 a.m	. on the earlier of	: (b) The 90th da	y after the
MAY 27	2024	·			
	Zewi				
Signat	re of a member or author	orized representativ	e of a member	 	_
PEDRO PEROLINI					

Filing Fee: \$25.00