## L15000042910

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500274846205

07/10/15--01013--013 \*\*25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA 2015 JUL 10 A II: 35



## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CLEAR Cut Property Preservation UL 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:	
- Zhane Jachson Name of Person	
Clear Cut Property Preservation, W.	
1806 Wild Dunes Circle	
DRANGE PARK, FL 32065  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	Mary
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  There Inches at (904) 505-3809	
Name of Person  Area Code  Daytime Telephone Number of War Solution States a check for the following amount:	

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

## STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee.

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Conference of Organization for this Liability Conference of Organization for the Organization for this Liability Conference of Organization for this Liability Conference of Organization for the Organization for	010100-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	'
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u> — PS 23 25 25 25 25 25 25 25 25 25 25 25 25 25
Enter new mailing address, if applicable:	ARE JUL 10
(Mailing address MAY BE A POST OFFICE BOX)	
	07A III 35
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, 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 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

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
MGR_	Frank Jackson III	1806 Wild Dunes Circ	<u>)C.</u> □ Add
		1806 Wild Dunes Circ DRAME PARK, FL32065	☐ Remove
		<u> </u>	Change
			□ Remove
			□ Change
		TALLAHASSET	Add Remove
		E. FLORIDA	Change-
			Remove
			Change
<del></del>			🗖 Add
			☐ Remove
			Change
			□ Remove
			Change

,	,						
	· <del></del> ·						<del></del>
<del></del>							
							•
				<del> </del>			
					PSE SE	2015	
					<u> </u>	<u> </u>	
					A	JIIL	anatament . I
<del></del>					ASSE	0	
					<u>ب ست</u> تبرت	<u></u>	
					1. S. I	=	
<del></del>					STATE LORID,	w	
					<u> </u>	ঐ	
	-		<del> </del>		·		
ctive date, if other than effective date is listed, the date	the date of filing	g:	er to data of filing	or more than 90	_ (optional)	) A Duwara	nt to 605 0
e: If the date inserted in th	iis block does not r	nect the appli	cable statutory	filing requirem	ents, this date	will not	be listed
ument's effective date on t	he Department of S	State's record	S.				
ecord specifies a dela			ot an effect	ve time, at 1	2:01 a.m.	on the	e earlier
ne 90th day after the	record is filed.						
\ \ \ \ \		<u> </u>	/				
ed July 1		. <u>ने०१५</u>	<u>.</u> .				
`,	<b>&gt;</b> .						
	Lat	K	<del></del>	tative of a membe			

Page 3 of 3

Filing Fee: \$25.00