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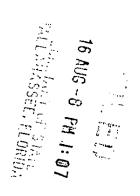
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AUG 0 9 2015

Y SULKER

	egistration Secti Pivision of Corpo			
SURJECT	. Clear	water Bar Name of Limi	1 Section Company	pany, LLC
The enclos	sed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspond	ence concerning this matter	to the following:	
		Brithney Ho 5 Thurfee 1648 Forth Clearwater Brithney how Exhall address: (1	Name of Person Name of Person Navkl- Firm/Company Markl- Address City/State and Zip Code Markl- City/State and Zip Code Markl- City/State and Zip Code Markl- City/State and Zip Code	750 Mail-Com
For further	information con	cerning this matter, please ca	ılı:	,
Pari	Hney H Name of P	<u>Oward</u> erson	at (127)	771-5186 Daytime Telephone Number
Enclosed is	s a check for the	following amount:		
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee &	z □ \$60.00 Filing Fee, Certificate of Status &

COVER LETTER

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy
(additional copy is enclosed)

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

(additional copy is enclosed)

TO **ARTICLES OF ORGANIZATION**

Clearwater Pana	Le Company,	LIC
(Name of the Limited Liab (A Flor	ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	24/10 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line 5 Turtlen May The new name must be distinguishable and contain the words "L	Ket LLC	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	**************************************	
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		21.
(Mailing address MAY BE A POST OFFICE BOX)	- The American State of the American State o	
B. If amending the registered agent and/or reg		records, enter the name of the nev
registered agent and/or the new registered office ad	<u>ldress here</u> :	# 07
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida st	
	City	, Florida 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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Pated July 29th 3016	
Dittney Howard	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00