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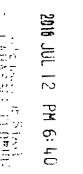
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## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: CLARIT	Y INVESTA	MENT GOOF L	<u>LC</u>
The enclosed Articles of Am	endment and fee(s) are sub-	nitted for filing.	
Please return all corresponde	nce concerning this matter (	to the following:	
	NAYLE	Romeno	
		Name of Person	
		Firm/Company	<del></del>
	10765 SL	J 59 TERRAC	E
	MAMI,	City/State and Zip Code	
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-		o be used for future annual report notificat	ion)
For further information conc	, ,		
/NAYLE	Komero	at ( <u>786</u> ) <u>208</u> – Area Code Daytime Te	0674
Name of re	13011	Area Code Daysma Te	reprone Number
Enclosed is a check for the fo	ollowing amount:		
S25.00 Filing Fee	S30.00 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: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations

Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(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 Lia Florida document number <u>L17000673</u>		ompany were filed on and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	'ADDRESS)	ý · P	
		<b>3</b>	
		<u> </u>	
Enter new mailing address, if applicable:		97 <b>O</b>	
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
		, 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 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 Title <u>Name</u> Address Type of Action NAYLE (Zomeno Remove Change MGR NAYLE ROMENO ☐ Remove ☐ Change D Add □ Remove

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Filing Fee: \$25.00