L17000119002

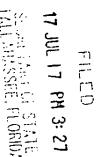
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S. WARREN JUL 1 8 2017

COVER LETTER

TO: Registration Se Division of Cor	ction porations	•	
SUBJECT: Cle	an Bottons Name of Limi	ited Liability Company	
		, . , . , . , . , . , . , . ,	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brit	tany Burnett Name of Person	
		Firm/Company	
	8801	West Atlantic blud Address	#771064
	Coral Spe	City/State and Zin Code	
	E-mail address: (t	City/State and Zip Code City/State and Zip Code CHOMS @ Yahoo. Com To be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		
Brittany E	Dur Nett Person	at (<u>954</u>) <u>278</u> -	H514
Enclosed is a check for the			
\$25.00 Filing Fee	□ \$30.00 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 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 Bottoms LL		
Clear Bottoms LL (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our rec I Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 17000119002</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liah	pility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8801 West Alla	utic Blud # 771064
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs F	L 33071
Enter new mailing address, if applicable:	8801 West At	butic Blud # 77 1064 L 33071
(Mailing address MAY BE A POST OFFICE BOX)	Loral Springs F	L 53071
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	City	Florida
New Registered Agent's Signature, if changing Registered Agent	•	,
I hereby accept the appointment as registered agent and agonovisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties provided for in Chapter 60	, and I am familiar with and 05, F.S. Or if this document is that the limited liability
Page	1 of 3	ATE ORIDA

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		•	
AMDD -	Authorizor	Mambar		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00