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#### **COVER LETTER**

## Division of Corporations Clear Space Technology LLC BJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Samuel Jean Name of Person Clear Space Technology LLC Firm/Company 2200 NE 4th ave upt 404 Address Mmia, FL 33137 City/State and Zip Code sam@clearspacetechnology.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Samuel Jean Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

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 Space Technology LLC								
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)							
ne Articles of Organization for this Limited Liability Company orida document number <u>L18000133753</u>		and assigned						
his amendment is submitted to amend the following:								
If amending name, enter the new name of the limited liab	ility company here:							
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."						
Enter new principal offices address, if applicable:	1400 Biscayne Blvd							
Principal office address MUST BE A STREET ADDRESS)	Suite 208-14							
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33132							
	1400 Biscayne Blvd Suite 208-14							
	Miami, FL 33132							
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	Fine Florida street address	JAN 10 PH 2: 2						
<del></del>	, Florida	<u> </u>						
	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

mending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added emoved from our records</u>:

R = Manager

1BR = Authorized Member

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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific ck does no	and cannot to t meet the	applicabl	late of filing		han 90 day		g.) Pursuant to		
he record specifies a delayed The 90th day after the reco			ut not a	n effecti	ve time	e, at <del>12.</del>	01 a.m.	on the ea	rlier o	f:
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Filing Fee: \$25.00