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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: A - (Clear Vision LLC			
	Name of Lir	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filling.		
Please return all corresp	ondence concerning this matter	to the following:		
		_		
	Larrell .	lames		
		Name of Person		
		Firm/Company		
		range ompany		
	926 Keats	Ave		
		Address		
	Orlando, FL	<u> </u>		
				7
	E-mail address: (to be used for future annual report not	ification)	13 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
For further information c	concerning this matter, please c	all:		
Darrell Ja	imes	at (561) 222 -	2796	
Name o	of Person	Area Code Daytin	ne Telephone Number	
				ज हिंस
Enclosed is a check for the	-			·}
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee. Certificate of Sta	
		(additional copy is enclosed)	Certified Copy (additional copy is er	nclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H- Clear Vision			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L19000045596</u>	ompany were filed on <u>Arci</u>	is 4,2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		·····
			<u>5</u>
Enter new mailing address, if applicable:	·		623 61 12 1612 14 1612 14 1612
(Mailing address MAY BE A POST OFFICE BOX)			3 <u>525</u>
		·.	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ir records, <u>enter ti</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	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 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	Darrell James	926 Keats Ave, orlando FL 32	809 12 Add
			Remove
			Change
			□ Remove
			Change
			□ Add
		-	☐ Remove
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	·		□ Remove
			Change

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