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(Requ	estor's Name)	
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Special Instructions to Fili	ng Officer:	

Office Use Only



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FEB 1 7 2020 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Clear-Water	E Air Ill.	
	Name of Limit	ed Liability Company	
	•		
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	- Kyax	1 Sullinger	
		Firm/Company	
	1101 Nu) 10th Ave	
	Cape Co	Oral FL 339 City/State and Zip Code	93
	Clear Waker E-mail address: (to	Candas USAAgun o be used for future annual seport noti	ast low fication)
For further information	concerning this matter, please cal	II:	
Sabrina Name	Mays)	at (<u>\$13</u>) <u>279</u> Area Code Daytim	4075 e Telephone Number
Enclosed is a check for			
□ \$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 Addre		Street Address:	ction
Registration	Section Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Clear-Water & Air L.L.C

(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 I	Liability Company were filed on $\frac{1}{2}$	2/31/2019	and assigned
Florida document number <u>W1900010</u>	9907		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company b	nere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	 .	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	Ç,	records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	Sabrina Mayo		
New Registered Office Address:	1101 NW 10TH Ave		_
	Enter Fl	orida street address	
	Cape Coral	, Florida ³³⁹⁹	93
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR Sabrina L. Mayo	Sabrina L. Mayo	1101 NW 10TH Ave	■Add
		Cape Coral, FL 33993	□ Remove
		Change	
			□Add
		<u>.</u>	□ Remove
			Change
			□Remove
			Change
			□Add
		□ Remove	
		□Change	
	<u></u>	□Add	
		□Remove	
		☐ Change	
		□Add	
		□Remove	

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
the recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	January 14th 2020.
	Signature of a member or authorized representative of a member
	Ryan T. Sullivan
	Typed or printed name of signee

Filing Fee: \$25.00