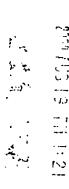
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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C. GOLDEN AUG 2 0 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/18/2020	_		₩WALK IN#
700 m	SCOR CHRILLIA		WALK IIV
ENTITY NAME TOP D	ROP GURU LLC		
DOCUMENT NUMBER			
	PLEASE FILE THE	E ATTACHED AND RETUR	PN
XXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
*	*PLEASE OBTAIN THE FO	PLLOWING FOR THE ABOV	E ENTITY**
	Certified Copy of Arts	& Amendments	
	Certificate of Good Stan	ding	
	APOSTILLE' / NO	OTARIAL CERTIFICATI	ON
COUNTRY OF DESTINA	TTION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$25.00)		#: I20160000072
		5	8 FM
Please call Tina at	the above number for a	rny issues or concerns	Thank you so much!

COVER LETTER

TO: Registration Se Division of Cor		
Top Drop C	Guru LLC	
	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Megan Fuentes	
	Name of Person	
	ZenBusiness PBC	
	Firm/Company	
	5900 Balcones Dr. Suite 5000	
	Address	
	Austin, Texas, 78731	
	City/State and Zip Code	
	fulfillment@zenbusiness.com	
	E-mail address: (to be used for future annual report notification)	_
For further information c	concerning this matter, please call:	
Megan Fuentes	844 493-6249	
Name o	of Person Area Code Daytime Telephone Nu	Part of Person PBC Firm/Company Dr. Suite 5000 Address 78731 City/State and Zip Code abusiness.com ail address: (to be used for future annual report notification) ter. please call: 3 44
Enclosed is a check for the	the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status	ificate of Status & ified Copy

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2777 19 47 7:53

Top Drop Guru LLC		
(<u>Name of the Limited Li</u> s (A Flo	ability Company as it now appears on our porda Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L20000058025</u>	ty Company were filed on 02/20/2020	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Clear Remedy LLC		
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registed agent and/or the new registered office address her	ered office address on our records, <u>c</u>	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		Florido
_	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regist	fered Agent:	
hereby accent the appointment as registered aga		: I further agree to comply wi

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
			□Add
			□Remove
			Change
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: If an effective date is listed, the date mast be specific and cannot be prior to date of filing or more than 90 days after filing.) Pusuant to 695,020 Metr. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Concord 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 rd is filed. Dated August 14 2020	If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
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		AMEDY	
EDWARD SAMEDY		Signature of a member or authorized representative of a member	
	EDWARD SAMED	Y	

Filing Fee: \$25.00