L21(900)495200

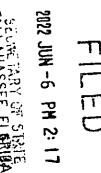
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COVER LETTER

TO:

Registration Section Division of Corporations

_{suвјест:} Clear	View Property I	Partners, LLC	
30bite1		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jasmine Jam	es	
		Name of Person	
		Firm/Company	<u> </u>
	1712 Pioneer	Ave	
	Cheyenne, \		
	<u></u>	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Jasmine Jan		_{at (} 307) 632-333	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clear View Property Partners, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000495200	were filed on 11/17/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1100 Kings Rd
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32203
Enter new mailing address, if applicable:	PO Box 2262
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32203
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	SSEE T
New Registered Office Address:	Enter Florida 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 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	ABC Consulting, LLC	1712 Pioneer Ave Ste 70	<u>00</u> _{□Add}
		Cheyenne, WY 82001	ARemove
			□Change
MGR	Shamar Walcott	PO Box 2262	[Add
		Jacksonville, FL, 32203	□ Remove
			□Change
			🗆 Add
		TALLAMASSEE	Remove Change Car
			G GAdd □
		- 	□Change
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior to date of filin lock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 60 y filing requirements, this date will not be lis	5.0207 ted as
	re date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day aft	er the
record specifies a delayed effectiv l is filed.			
l is filed.	2022		
l is filed.	Signature of a member or authorized represen	ntative of a member	