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COVERLETTER

Registration Section Division of Corporations

ECT:	rwater Property Investments LL		·
	Name of Lim	ited Liability Company	
nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
e return all correspo	ondence concerning this matter	to the following:	
	Craig Parsons		
		Name of Person	
	Bahia Clearwater Property	Investments LLC	
		Firm/Company	
	644 Island Way #403		
		Address	
	Clearwater Beach, Florida	33767	
		City/State and Zip Code	
	craig@getcdl.com		
	E-mail address: (to be used for future annual report notif	ication)
urther information of	concerning this matter, please ca	all:	
g Parsons		727 7981496 at ()	
Name o	f Person	at () Area Code Daytime	: Telephone Number
osed is a check for t	he following amount:		
\$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 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

TO ARTICLES OF ORGANIZATION OF

FILED

Bahia Clearwater Property Investments LLC

2022 OCT 31 PM 1:17

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRE STATE

Articles of Organization for this Limited Liability Compa	any were filed on October 26, 2	022 And assigned
da document number L22000461133		
amendment is submitted to amend the following:		
amending name, enter the new name of the limited l	iability company here:	
Clearwater Property and International Investments LLC		
ew name must be distinguishable and contain the words "Limited L	iability Company," the designation	'LLC" or the abbreviation "L.L.C."
r new principal offices address, if applicable:		
cipal office address MUST BE A STREET ADDRESS	2	
r new mailing address, if applicable:		
ling address MAY BE A POST OFFICE BOX)		
f amending the registered agent and/or registered offi	ce address on our records, e	nter the name of the new registered
t and/or the new registered office address here:	_	
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street a	ldress
		, Florida
	Ciņ [.]	Zip Code
Registered Agent's Signature, if changing Registered Age	ent:	
eby accept the appointment as registered agent and a isions of all statutes relative to the proper and compl pt the obligations of my position as registered agent of g filed to merely reflect a change in the registered off pany has been notified in writing of this change.	ete performance of my dutie as provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or. if this document is

If Changing Registered Agent, Signature of New Registered Agent

M = A1	anager uthorized Member		
	<u>Name</u>	Address	Type of Action
_			□Add
			□Remove
			□Change
			□Add
			□Remove
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			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<u> </u>	
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If the	te, if other than the date of filing:
d speci ed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	10/28/22
	Signature of a member or authorized representative of a member
	Typed or printed name of signee