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## **COVER LETTER**

TO: Registration So Division of Co	ection rporations	•				
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SUBJECT: Clear Path	Pressure Pros LLC	<u></u>	÷			
	Name of Lin	nited Liability Company	20			
			23 **			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	:			
Please return all correspo	ondence concerning this matter	to the following:	三 三			
The second secon	ondence concerning this matter	to the following.	AM			
	Charles McIntire		2023 AUS 14 AM 9: 20			
		Name of Person				
	Clear Path Pressure Pros I	LLC				
		Firm/Company	<del></del>			
	101.15					
	101 Breeze Hill Ln					
		Address				
	Palm Coast, FL 32137					
		City/State and Zip Code				
	chuckmeintire41@yahoo.c		. <u>.</u> .			
		to be used for future annual report noti	fication)			
For further information of	concerning this matter, please o	all:				
Charles McIntire		805 703-3361				
Name o	of Person	at () Area Code Daytim	e Telephone Number			
Enclosed is a check for the	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 enclose			
Mailing Addres		Street Address:				
Registration ! Division of C			Registration Section Division of Corporations			
P.O. Box 632	.7	The Centre of T				
Tallahassee, 1	FL 32314	2415 N. Monroe	Street, Suite 810			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Clear Path Pressure Pros LLC

(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 Liability Company	were filed on July 31, 202	and assigned
Florida document number L23000359824		
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:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>c</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	nddress
		_, Florida
	City	_, Florida 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
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		Palm Coast, FL 32137	C.
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	separation of state	a records.				
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MITTE	Signature of a member of the MITT	titiso				
	Signature of a memb	$\gamma \cup \cup \cup$				