

M22000014744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Franchise Farm
LLC - Foreign LLC

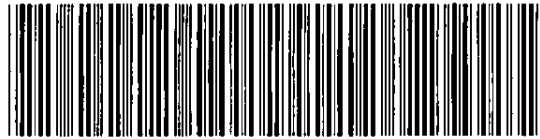
On September 11, 2024,
Natalie Gomez called
back a second time. She
asked that

Park Ridge Capital, LLC

Office Use Only

be removed from Sunbiz.

Anissa Butler,
Regulatory Specialist II
Amendment Section



300434921463

08/20/24--01005--009 **30.00

2024 SEP 11 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

REC. 9/11/24

AB

COVER LETTER

TO: Registration Section ,
Division of Corporations

SUBJECT: Clearview Capital Group LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natalie Gomez

Name of Person

Clearview Capital Group LLC

Firm/Company

460 3rd Street North

Address

Petersburg, FL 33701

City/State and Zip Code

Natalie@njrdevelopment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Gomez

Name of Person

at (214) 543-3744

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CLEARVIEW CAPITAL GROUP LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

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2024 SEP 11 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FL

2. The Florida document number of this limited liability company is: M22000014744

3. Jurisdiction of its organization: Pinellas County, FL

4. Date authorized to do business in Florida: 09/22/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PARK RIDGE CAPITAL, LLC	460 3RD ST NORTH SPACE A	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Remove
AMBR	CLARIDGE LANE LLC	460 3RD STREET, STF A	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Natalie Gomez
Signature of the authorized representative

NATALIE GOMEZ, REGISTERED AGENT, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2024

NATALIE GOMEZ
460 3RD ST N
ST. PETERSBURG, FL 33701

SUBJECT: CLEARVIEW CAPITAL GROUP, LLC
Ref. Number: M22000014744

We have received your document for CLEARVIEW CAPITAL GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 324A00018898