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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORA	ATION: Crystal Clear C	apital Consultants, In	С.
	P01000108436		
	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	iter to the following:	
Į	aurie Monson-Anders	on	
_		Name of Contact Person	
(Crystal Clear Capital C	onsultants, Inc.	
~~		Firm/ Company	
i	Post Office Box 330674	4	
~		Address	
i	Atlantic Beach, FL 322	33-0674	
~		City/ State and Zip Code	2
Cryst	alClearCapital@Gmail	.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Laurie Monson-Ar	nderson	at (904	994-9144
Name of	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amei Divis P.O.	ing Address Indment Section It ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

Crystal Clear Capital Consultants, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P01000108436

(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendmen
A. If amending name, enter the new na	me of the corporation:	
		The new
	ation "Corp," "Inc," or "Co". A profes	" or "incorporated" or the abbreviation sional corporation name must contain the
B. Enter new principal office address,	if applicable:	
(Principal office address MUST BE A S	TREET ADDRESS)	
		
C. Enter new mailing address, if appli	ashla	
(Mailing address MAY BE A POST		
D. If amonding the varietored agent an	d/or registered office address in Florida	and any 4h a manner of 4h a
new registered agent and/or the new		Tenter the name of the
N CN D :	Ray, David	
Name of New Registered Agent		
	936 West Tennessee Trace	
	(Florida street address)	
New Registered Office Address:	Jacksonville	, Florida 32259
	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent: ered_agent. I am familiar with and accep	t the obligations of the position
Thereby accept the appointment as regist	erea ageni. Tam jaminar wun ana accep D	the obligations of the position.
	Fay	
Si	gnature of New Registered Agent, if chang	ing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	ve, ana sany sm	iin, SV as an Aaa.	
X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEOS	Lilly, Jemal	5225 Canyon Crest Drive 7
			Riverside, CA 92507
X Remove			
2) Change	PT	Lilly, Jemal	5225 Canyon Crest Drive 7
Add			Riverside, CA 92507
X Remove			
3) Change	COO	Lilly, Jemal	5225 Canyon Crest Drive 7
Add			Rivreside, CA 92507
X Remove			
4) Change	CD	Lilly, Jemal	5225 Canyon Crest Drive 7
Add			Riverside, CA 92507
X Remove			
5) Change	CEOS	Monson-Anderson, Laurie	Post Office Box 330674
X Add			Atlantic Beach, FL 32233-0
Remove			
6) Change	PT	Monson-Anderson, Laurie	Post Office Box 330674
XAdd			Atlantic Beach, FL 32233-06
Remove			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

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X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	COO	Monson-Anderson, Laurie	Post Office Box 330674
XAdd			Atlantic Beach, FL 32233-06
Remove			
2) Change	CD	Monson-Anderson, Laurie	Post Office Box 330674
XAdd			Atlantic Beach, FL 32233-08
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

teeri meetiiii/iii	l sheets, if necessary	v). (Be specific	c)			
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an amendmei	nt provides for an o implementing the a	exchange, reclas	<u>ssification, or c</u>	the emendm	l issued shar ent itself:	es,
if not ann	licable, indicate N/A	amenument it it 1)	ot contamed in	the amenum	ent nsen.	
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The date of each amendmen	t(s) adoption: 03/13/2013
Effective date <u>if applicable</u> :	03/13/2013
<u></u> ,	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required. The amendment(s) was/wer action was not required. Dated 03/1	re adopted by the incorporators without shareholder action and shareholder
Signature↓∠	/ (AUNY 11 JONSON) (MALINON), (H. B
	By a director, president or other officer – if directors or officers have not been
	Elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
,	Laurie Monson-Anderson
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)