## P15 000053610

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C. BRUMBLEY
DEC 2 0 2021

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KLEAR GROUP CORP  DOCUMENT NUMBER: P15000053610
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SANDRA M GONZALEZ
Name of Contact Person
KLEAR GROUP CORP
Firm/ Company
12440 SW 25 STREET
Address
MIAMI, FL 33175
City/ State and Zip Code
MILENA.GONZALEZ4@YAHOO.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at (786 ) 514-5499
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
Status Certificate of Status Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

## Articles of Incorporation

Wers Go	60P COXP
	filed with the Florida Dept. of State)
	015000053666
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12440 SW 255+ MIDMI-F1- 38175
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	2021 DEC
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ass in Florida, enter the name of the
Name of New Registered Agent	
(Clarida de la companion de la	and described
(Florida stre	et daaress)
New Registered Office Address:	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	
	gistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

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.

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	VP	ALFREDO OSUNA	12440 SW 25 STREET
Add			M1AMI, FL 33175
X Remove			
2) Change	VP	CAROLINA GONZALEZ	12440 SW 25 STREET
X Add			MIAMI, FL 33175
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

	icles, enter change(s) here: (Be specific)
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	hange reclessification or cancellation of issued shares
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ovisions for implementing the ame	endment if not contained in the amendment [tself:

10-27-2021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(woting group)	
Dated 10-27-2021 Signature Jandy W. G	
(By a director, president or other officer if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
SANDRA M GONZALEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	