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MAY 10 2021
MAY 10 2021

MAR 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BREATHE CLEAN AGAIN LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VALENTYNA SLOBODENYUK
Name of Person
BREATH CLEAN AGAIN LLC
Firm/Company
20200 NE 27TH COURT SUITE 29
Address
AVENTURA, FL 33180
City/State and Zip Code
VID070863@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALENTYNA SLOBODENYUK 954 556-0104
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	VALENTYNA SLOBODENYUK	13818 SW 152ND STREET	<input checked="" type="checkbox"/> Add
		SUITE 291	<input type="checkbox"/> Remove
		MIAMI, FL 33177	<input type="checkbox"/> Change
AMBR	BRIAN MONTGOMERY	13818 SW 152ND STREET	<input type="checkbox"/> Add
		SUITE 291	<input type="checkbox"/> Remove
		MIAMI, FL 33177	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

1. VALENTYNA SLOBODENYUK WILL NOW BECOME MGR & REGISTERED AGENT FOR

BREATHE AGAIN LLC.

2. BRIAN MONTGOMERY WILL NOW BECOME AMBR OF BREATHE AGAIN LLC.

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20 FEB 24 PM 5:34
TALLAHASSEE FLORIDA

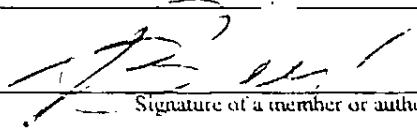
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 20 2020 _____



Signature of a member or authorized representative of a member

VALENTYNA SLOBODENYUK

Typed or printed name of signee