L20 000030670

(Requestor's Name)
(Address)
(Address)
(1.001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Danwar A Murchan)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
A Clean Sp	pace 2 LLC		:
SUBJECT:	Name of Lim	ited Liability Company	PO TO DE LA CONTRACTION DEL CONTRACTION DE LA CO
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	The state of the s
Please return all correspondent	ondence concerning this matter	to the following:	1.00 f.
	Colleen Burson		
		Name of Person	-
	A Clean Space 2 LLC		
		Firm/Company	
	20 Bay Dr SE		
		Address	
	Fort Walton Beach / FL? 3	2548	
		City/State and Zip Code	
	acleanspacellc@gmail.com		
For further information of	e-mail address: (to be used for future annual report notifica	(1011)
Colleen Burson		850 2804960 at ()	
Name o	f Person		elephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30,00 Fiting 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	on
Division of C	Corporations	Division of Corpo	rations
P.O. Box 632 Tallahassee,		The Centre of Tall 2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Flond	ity Company as it now appears on our record a Limited Liability Company)	N.)
The Articles of Organization for this Limited Liability (Florida document number L20000030670	Company were filed on January 20,2020	and assigned.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	Flo	orida
	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 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
MGR	Timothy Gates	20 Bay Dr Se Fort Walton Beach Fl 32548	□Add
			Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	🗀 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			
			□Remove
			Change

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*	
ffective	date, if other than the date of filing: (optional)
	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	t's effective date on the Department of State's records.
recora s d is filed	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 .
ated	January 20, 2020
	C3.~~>0~
	Signature of a member or authorized representative of a member
	Colleen Burson
	Typed or printed name of signee