L22000165914

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COVER LETTER

TO: Registration So Division of Cor						
SUBJECT: <u>CLEANA</u>	ABULL, LLC Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub					
	-	ate Maintenance Lea	ad			
	Proc	essing Department				
		1450 Vassar St				
		Address Reno, NV 89502			202 KON 201	.~
		City State and Zip Code		;=: ;=:		
For further information of	n-mail address; (concerning this matter, please e	to be used for future annual report nouti all:	cation)		PH 2:0	
	sing Department	at (800) 638-2320 Daytime	Telephone Number		02	
Enclosed is a check for t	he 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 Filin Certificate Certified Co radditional co	of Status opy		
	.ING ADDRESS:	STREET/COURIE Registration Section				

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEANAB	•	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000165914</u> .	were filed on 04/06/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2850 UNIVERSITY SQUARE DR APT 430	
Principal office address MUST BE A STREET ADDRESS) FL 33612		
Enter new mailing address, if applicable:	2850 UNIVERSITY SQUARE	E DR APT 430
(Mailing address MAY BE A POST OFFICE BON)	TAMPA,	
	FL 33612	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		r the name of the new
Name of New Registered Agent:		1,10 10 10
New Registered Office Address:	Enter Florida street address	111 153
	, Florida	Zip Code
	5 TV	

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

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>	Name	Address	Type of Action
MGR	Aaron Andersen	2850 UNIVERSITY SQUA	RE DR APT 43₁□ Add
		TAMPA,	Remove
		FL 33612	□ Change
			Add
			Remove
			A&
			Change
			☐ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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		r, <u>1</u>
	2	; • 424 4.
		اليانا
	<u> </u>	
E. Effec	ive date, if other than the date of filing: N/A (optional)	
Note	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and seffective date on the Department of State's records.	ed as th
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated	Nov. 12+n 2022	
	Que Decesse	
	Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00