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| | (Requestor's Name) | |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

Registration Section Division of Corporations

TO:

| Division of Co | rporations | | |
|---|---|---|--|
| SUBJECT: A | TOUCH OF Name of Limit | Sold Cleantr ted Liability Company | ng Semce LLC |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Wenc | JName of Person | me |
| | | Firm/Company | |
| | 8107 N | 139th St | |
| | | Address | i |
| | 10 | mpa F13 | 33604 |
| | In/ hipp | MPA F1 3 City/State and Zip Code Q1ME P Yahu | D. Com |
| | E-mail address: (| to be used for future annual report notif | fication) |
| For further information of | concerning this matter, please ea | all: | |
| | | | |
| Name o | of Person | Area Code Daytime | e Telephone Number |
| 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre Registration Division of O P.O. Box 63 Tallahassee. | Section Corporations 27 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations fallahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | <u>1</u> 411164 |
|--|---------------------------|
| The Articles of Organization for this Limited Liability Company were filed on $\frac{Q23/7022}{2000284720}$ an Florida document number | d assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation | on "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 200 |
| <u> </u> | 25 |
| | |
| Enter new mailing address, if applicable: | ω |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the agent and/or the new registered office address here:</u> | ے: e new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | |
| , Florida | |
| 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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address. I hereby confirm that the limited becompany has been notified in writing of this change. | r with and document is |

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> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|--|----------------|
| AMBR | Wendy Bien Aime | 8107 N39+1 ST tampo | Add |
| | J | 8107 N 39 ⁴⁹ ST tampa El 33604 | □Remove |
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|). If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | tive date, if other than the date of filing: (optional) fective date is fisted, 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| | rd 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 |
| ecord is f Dated | 9/22/27 |
| Z are c | Signature of a member or authorized representative of a member |
| | Vendy Bien Aine Typed or printed name of signee |

Filing Fee: \$25.00