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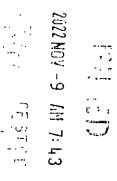
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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A. BUTLER
JAN 3 0 2023

## **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations		
SUBJECT:	Clean Wel	1 110	
30b)rc1		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Edison	3:16ao	
		Name of Person	
		Firm/Company	
	8278 =	IRONGATE PL	
		Address	
	Boca P	City/State and Zip Code	33
	<b>-</b> 0:	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	H (ification)
For further information c	concerning this matter, please co	all:	
ED/So Name o	Bilbose of Person	at ( S61 ) 416 Area Code Daytin	o 167 ne Telephone Number
Enclosed is a check for the	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 Addres Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEAN W	ELL LLC	2022 NOV -9 AH 7: 43	
	Liability Company as it now apper Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on _	10/2/122 and assigned	ed
Florida document number <u>L 2 2 80 0 4 5 3 9 -</u>	19		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company	here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A			
· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	X)		
B. If amending the registered agent and/or regis		r records, <u>enter the name of the new re</u>	gistered
agent and/or the new registered office address h	ere:		
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Enter Fi	lorida street address	
-		Florida Zip Code	
	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	ED.52 B.1608	BZIE IRONGATE PL. BXARATOR	<u>~</u> □∕∕Add
		FL , 33433	□Remove
			□Change
	<del> </del>		□Add
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te:	ive date, if other than the date of filing: (optional) ective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	d 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 led.
ted	October 26 2022
	2/19
	Signature of a member or authorized representative of a member
	Signature of a memori of audiorized representative of a memori