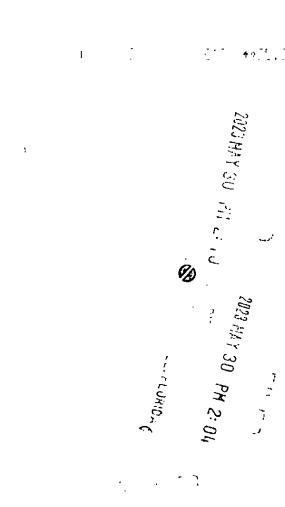
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	(Requestor's Name)	
	(Address)	·
· · · · · · · · · · · · · · · · · · ·	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	
 	(Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Clean House (Name of Limited L.	Teaners LLC iability Company
The enclosed Articles of Amendment and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	e following:
Monice	Burdine
Clean Hous	Firm/Company
342 Sofia L	ane
Lake Alfre	1
	y/State and Zip Code
	an House Cleanos, US used for future annual report notification)
For further information concerning this matter, please call:	
Mon i Ca Burdine Name of Person	at (813) 244 - 6170 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clean Hous	ie Cleaners	our records.)
(Name of the Limited Liability (A Florida I	Company as it now appears on imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L23000124038</u>	mpany were filed on $\frac{311}{}$	0/2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	7,110. 7 11. 11.00	
	City	Florida Zip Code
New Peristand Agent's Signature if changing Peristand	Agant	

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 Title Name <u>Address</u> **Type of Action** 342 San Mauro De Dadd AMBR Silvia Mejia Auburndale, FL 33823 XRemove _____ Change 342 San Mauro DR DAdd MGR Silvia Mejia Auburndale FL 33823 DeRemove _____ Change ______ □Add ______ □Remove

______ Remove

______ □Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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n effec s <u>te:</u> I	e date, if other than the date of filing:
cord is file	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 d.
ted _	May 30 ^m , 2023. My Signature of a member or authorized representative of a member
	Mu Budi
	Signature of a member or authorized representative of a member Monico Burdine Typed or printed name of signee
	h /-