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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Austin Mann Cleaning LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Austin Mann
Aushin Mann Cleaning UC
Firm/Company
231 Rio De Janeiro Are.
Punta Gorda, FL 33983
City/State and Zip Code Aushn the slaver 960 amil. com E-mail address: (to be used for future annual report neutron)
For further information concerning this matter, please call:
Austin Mann (239) 203-5615
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hustin W	lann Clear	ing UC	
(<u>Name of the Limited L</u> (A F	ability Company as it now apported Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on	08/05/19	and assigned
This amendment is submitted to amend the following	g:		
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," th	ne designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>	11/14	35 6 2008 3403 3403 35 6 3608 3608 3608 3608 3608 3608 3608 360
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	N/A	P 20 AM
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address address here:	on our records, enter t	he name of the new
Name of New Registered Agent:		n/A	
New Registered Office Address:	Ent.m E	Florida street address	
	Enterr		
	City	, Florida	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 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 MGR Austin Mann 231 Rio De Janéiro Are Type of Action Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove □ Change _□ Add

□ Remove

☐ Change

D. If amending any other in	formation, enter cha	inge(s) here: (Attac	h additional sheets, t	if necessary.)	
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E. Effective date, if other that (If an effective date is listed, the date inserted in document's effective date on	ate must be specific and ca this block does not mee	annot be prior to date of f et the applicable statut	iling or more than 90 day	(optional) s after filing.) Pursuant to (s, this date will not be l	605.0207 (3)(t isted as the
f the record specifies a de b) The 90th day after th	layed effective dat e record is filed.	te, but not an effe	ective time, at 12:	01 a.m. on the ea	rlier of:
Dated 9/17	·/	2019			
	Auster m Signature of a me	mber or authorized repre	sentative of a member		
	Λ,		signce		

Page 3 of 3

Filing Fee: \$25.00