L12000074447

	Requestor's Name)
(Address)
	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to F	Filing Officer:
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SECRETARY OF

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

supreme Clean Team DOCUMENT NUMBER: 4 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:) Gm9]/, Com tuture annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & □\$52.50 Filing Fee ☐\$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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duprem	e lean	Tear	n	
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on conted Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L1200007444</u>	npany were filed on	5 2012	and assigned 202	
This amendment is submitted to amend the following:			Z XO CNE CAH,	··;·
A. If amending name, enter the new name of the limited	l liability company here:		ATTURE PR	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ntion "LLC" or the abbre	viation "L.L.C." ب	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>	·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	ds, <u>enter the name o</u>	f the new register	<u>red</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st.	reet address		
		Florida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:

MGŘ = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	tric Je Gerson	10812 Pine Estates 12	J tast
	V	Jax Fr 32218	□Remove
			🗆 Change
$\overline{\mathcal{D}}$	Shown Rosebuga	- 10872 Pine tostates	RC Add
		Jax FL 32216	□Remove
		10812 Pine tstak	S Change
	William Rosald	L Jax fr 32218	□Add
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Note	ctive date, if other than the date of filing: (optional) (ffective 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 605.0207 (3)(1) (b) It 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.
If the record is	ord 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 filed.
Date	d
	Signature of a member or authorized representative of a member
	n. Rosebyx

Filing Fee: \$25.00