L13 CCCCC5734

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19 HOV 19 AH 9-14

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COVER LETTER

19 HON 19 HA 9. 14 TO: Registration Section **Division of Corporations** Clean 2 Perfection, LLC SUBJECT: 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: MARIE M JÖSEPH Name of Person Firm/Company 1619 NW 10 AVE Address FORT LAUDERDALE, FL 33311 City/State and Zip Code laurriejoseph@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 937-3774 MARIE M JOSEPH Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ■ \$30,00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEAN 2 PERFECTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A F	forida Limited Liability Company)	9 600		
The Articles of Organization for this Limited Liabil Florida document number L13000005734	ity Company were filed on 01/11/2013	and assigned		
This amendment is submitted to amend the following		۶		
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	"Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BQ.	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u>-</u>	, Flo	orida		
	City	Ap 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIE M JOSEPH	1619 NW 10TH AVE FORT LAUDERDALE, FL 33311	∃ Add
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Filing Fee: \$25.00