L13000033657

(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

CLEANOFF, LLC

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:

David E. Platte, Esq.

Name of Person

David E. Platte, P.A.

Firm/Company

1465 S. Ft. Harrison Avenue, Suite 202

Address

Clearwater, FL 33756

City/State and Zip Code

david@deplattelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David E. Platte, Esq.

727,461-0420

Name of Person

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 &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

FILED

ARTICLES OF AMENDMENT TO

2813 APR -9 AM 10: 56

ARTICLES OF ORGANIZATION SECRETARY OF STATE **OF**

TALLAHASSEE, FLORIDA

CLEANOFF, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on March 5,2013	and assigned
Florida document number L13000033657		
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<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 off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	, Florida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	AURELIO RIOS	331 Cleveland Street	Add
		Apt. 1102	Remove
		Clearwater, FL 33755	
MGRM	OLEYSA IDIYATULLINA	331 Cleveland Street	Add
		Apt. 1102	Remove
		Clearwater, FL 33755	
			Add
			Remove
	•		
			Add
			Remove
			Add
			Remove
			
			Add
			Remove

). If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated April 5	2013
Jated	
	Miss Statto
	Signature of a member or authorized representative of a member
	David E. Platte
-	Typed or printed name of signee

Filing Fee: \$25.00

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