## 1130000 46913

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## **COVER LETTER**

	gistration Se vision of Co					
elib le <i>c</i> r		LEAN, LLC				
SUBJECT		Name of Lim	ited Liability Company	<del></del>		
		Amendment and fee(s) are sub	_			
	,,,,,,,,,	DAVID BAUER				
			Name of Person			
		THE BAUER LAW OFFI	CE P.A.			
			Firm/Company	<del></del>		
	814 PONCE DE LEON BLVD, SUITE 210					
			Address			
		CORAL GABLES, FL 33	134			
		francesca@craveclean.com	City/State and Zip Code			
		E-mail address: (	to be used for future annual report notifi	ication)		
For further	information c	oncerning this matter, please ca	all:			
DAVID BA	AUER		305 712-7979 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRAVECLEAN, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 03/28/2013  Florida document number L13000046913	and assigned
This amendment is submitted to amend the following:	
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," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, en	nter the name of the n
registered agent and/or the new registered office address here.	
Name of New Registered Agent:	73 73
New Registered Office Address:	7
Enter Florida street address	CT CT
, Florid	Zip Code
( niv.	zip Coae

## 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FRANCESCA MORELLO	3822 SW 8TH STREET	
		MIAMI. FL 33134	☐ Remove
			☐ Change
MGR	ANGEL FERNANDEZ JR.	814 PONCE DE LEON BLVD	■ Add
		SUITE 219	☐ Remove
		CORAL GABLES, FL 33134	Change
MGR	Melara Enterprises LLC	1333 3rd Avenue S	■ Add
		Naples, FL 34102	Remove
			Change
			Remove
		·	Change
		<del> </del>	□ Remove
		·	Change
			□ Remove
			Change

	added as Managers.
	auteu as ivianagers.
Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	1 7/12/19
	. 4 11 11 61 (1777)

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Filing Fee: \$25.00