## 43000077757

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

K.SALY EXAMINER IUN 29

## ARTICLES OF ORGANIZATION

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WAY	<i>(</i>
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	Or	21	7/6 1/00
Jimmy G	uenther 1	) (	CRETARY O AMII: 27
(Name of the Limited I	lability Company as it now appear lorida Limited Liability Company)	s on our records.)	CRETARY OF STATE AHASSEE. FLORIDA
The Articles of Organization for this Limited Liabi	lity Company were filed on	5-29-13	and assigned
Florida document number LI3000077	757		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	limited liability company he	<u>re</u> :	
On Scene	Clean L.L.	<b>C</b> .	
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
		ş ***	
Enter new mailing address, if applicable:	****		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>	
	<del></del>		
B. If amending the registered agent and/or	registered office address on	our records, enter	the name of the new
registered agent and/or the new registered office		,	
Name of New Registered Agent:			
Name of New Registered Agent.		·····	
New Registered Office Address:	Enter Flor	rida street address	<del> </del>

## 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

Florida

Zip Code

## or removed from our records:

MGR = M AMBR = A	lanager uthorized Member		FILED	
<u>Title</u>	Name	Address	FILED 2016 MAY 9 AMII: 27 SEURE TARY OF STATE TALLAHASSEE. FLORIDA	Type of Action  _□ Add
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Effective	e date, if other than the date of filing: (optional)  tive 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 605.020
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
documen	t's effective date on the Department of State's records.
ha raca	ed appoifice a delayed effective date, but not an effective time at 12.01 a.m. on the applicant
ne recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
The 9	
The 9	
	Man 29th, 2016.
The 9	May 29th, 2016
	May 29 +th, 2016  Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00