

L140000062124

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAUTHEN & BURNS, P.A.
Account Number : I19980000085
Phone : (352)343-2225
Fax Number : (352)343-7759

2020 JUL 13 AM 11:55

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Rachelschweizer@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DO.CLEANUP ONE, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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2020 JUL 13 PM 9:35

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DO.CLEANUP ONE, 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:

WILLIAM H. CAUTHEN

Name of Person

CAUTHEN & BURNS, P.A.

Firm/Company

215 N. JOANNA AVENUE

Address

TAVARES, FL 32778

City/State and Zip Code

RACHELSCHWEIZER@GMAIL.COM

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

For further information concerning this matter, please call:

Rachel Lynne Schweizer

919 628-7309
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DO.CLEANUP ONE. 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 April 15, 2014 and assigned
Florida document number L14000062124.

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:

41741 N Emeraldal Island Road

(Principal office address MUST BE A STREET ADDRESS)

Leesburg, FL 34788

Enter new mailing address, if applicable:

41741 N Emeraldal Island Road

(Mailing address MAY BE A POST OFFICE BOX)

Leesburg, FL 34788

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 address here:

Name of New Registered Agent:

Rachel Lynne Schweizer

New Registered Office Address:

41741 N. Emeraldal Island Road

Enter Florida street address

Leesburg

City

Florida 34788

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 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

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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>	<u>Type of Action</u>
MGR	ANDREW S. HYDE	41826 County Road 452	<input type="checkbox"/> Add
		Leesburg, FL 34788	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RACHEL LYNNE SCHWEIZER	41741 N Emerald Island Road	<input checked="" type="checkbox"/> Add
		Leesburg, FL 34788	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 10, 2020

Rachel Anne Schweigert
Signature of a member or authorized representative of a member.

Rachel Lynne Schweizer

Typed or printed name of signee

Filing Fee: \$25.00