# L15000008340

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# **COVER LETTER**

TO: Registration Sect Division of Corpo				
Medelean US	A, LLC			
SUBJECT:	Name of Limi	ited Liability Company	<del></del>	
•	mendment and fee(s) are sub			
Please return all correspond	dence concerning this matter	to the following:		
	Caroline Belis			
		Name of Person		
		Firm/Company	<del></del>	
	7603v19th Ave Dr West			
		Address		
	Bradenton, FL 34209			
		City/State and Zip Code	<del></del>	
	cbelis31@gmail.com			
	E-mail address: (	to be used for future annual report notifica	ation)	
For further information cor	ncerning this matter, please ca	all:		
Caroline Belis		941 447-9934 at ( )	elephone Number 100 100 100 100 100 100 100 100 100 10	
Name of I	Person		elephone Number	
Enclosed is a check for the	following amount:	,	י לייי	
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Medclean USA, 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 01/14/2015 \_ and assigned Florida document number L15000008360 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, enter\_the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Cirv Zip Chare

### 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>	Address	Type of Action
MGR	Frederic Baudet	7210 15th Ave West	Add
		Bradenton, FL 34209	□ Remove
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ective date, if other than the date of filing:	(optional)	
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of fili	ing or more than 90 days after filing.	Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable statuto	ry filing requirements, this date	will not be listed a
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effec	ctive time, at 12:01 a.m.	on the earlier
he 90th day after the record is filed.		
December		
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1/1/1/		
Signature of a member or authorized repres	entative of a member	
Signature of a mention of authorized repres	emative of a menior	

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Typed or printed name of signee

Filing Fee: \$25.00