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SLUKETARY OF STAIL
DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations		
SUBJECT: Clean Up	Now LLC imited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	ibmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
<u>matias</u>	Lacco Name of Person	
Clean	Up Now LL	
28667	Firm Company Tennis Clu Address	b Dr. # 400
WPB	FL 334 City/State and Zip Code	17
	; (to be used for future annual report notific	ation)
For further information concerning this matter, please	call:	_
Matias Lar Co	at (<u>56</u>) <u>460</u> Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee S25.00 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	STREET/COURIE Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Clean UP No	ow LLC
(<u>Name of the Limited Liability Co</u> (A Florida Lim	onpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L15000 125.2</u> 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 L	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	5)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	, 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 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

Title	<u>Name</u>	Address	Type of Action
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Effective	e date, if other than the date of filing: (optional) tive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu	
if an effec Note: - It	tive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filmg.) Pu The date inserted in this block does not meet the applicable statutory filing requirements, this date will	rsuant to 605,02074. Enot be listed as th
documer	it's effective date on the Department of State's records.	
ie reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of:
The 9	Oth day after the record is filed.	
	1-21-10-2018	
Dated _	1-21-12-12-12-12-12-12-12-12-12-12-12-12	
	Varior traca	
	Signature of a member or authorized representative of a member	
	motion illinois	
	MGTA) X LARCO Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00