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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	<u> </u>
(Do	ocument Number)	
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COVER LETTER

Division of Co	rporations		
SUBJECT:	Clean Lawn Services LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Julissa Conez		
		Name of Person	
	13643 SW 278th Terr	Firm/Company	
		Address	·
	Homestead, FL 33032		
	Ikeepingitclean@gmail.com		
For further information of	E-mail address: (concerning this matter, please co	to be used for future annual report notific	ation)
Julissa Cortez		786 972-4313	
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	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

TO:

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

KEEping 11 Clean L	AWN SERVICES LLC
(<u>Name of the Limited Liabil</u> (A Florid	h W N SF V (CS LL C) lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on $\frac{09/01/2015}{}$ and assigned
Florida document number <u>L 15000149 337</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	77.5.
(Mailing address MAY BE A POST OFFICE BOX)	
	(A) 1
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the ne
registered agent and/or the new registered office add	dress here:
	02
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jose A Mendoza	13643 Sw 278 TERR	Add
			Remove
			Change
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			Remove
			Change
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f an effec <u>Note:</u> II	ve date, if other than the date of filing: (optional) ctive 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 60 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis nt's effective date on the Department of State's records.	5.020 ted a
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	ier c
Dated _	11/18/19	
	Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00