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OCT 22 2015 D. BRUCE

COVER LETTER

Division of Corporations
SUBJECT: Amending my LCC - Premove an agent
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Celene Galvan
Name of Person 54/Van LL Firm/Company
1244 Sandy Street
Port Charlotte, F1 33952
Celeves Clean Team & yalus & Comment of the Comment
For further information concerning this matter, please call:
Celeve Galucia at 94 86-2835 Name of Person Area Code Daytime Telephone Number 5
元
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 iability Company as it now appears on our records.)
lorida Limited Liability Company)

· ·		~ / / / / / / / / / / / / / / / / / / /			
The Articles of Organization for this Limited Liability Company	y were filed on <u> </u>	0-1-101	5 and a	ssigned	
Florida document number <u>L150001675</u> 11					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company her	œ:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the des	signation "LLC" or t	he 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:			<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	***************************************		AHE B	77	
	****	· · · · · · · · · · · · · · · · · · ·	SE C	O water	
			10 m		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		our records, <u>er</u>	ter the name	of the nev	
Name of New Registered Agent:					
New Registered Office Address:			**		
	Enter Florida street address				
	<u></u>	, Florid			
: ***********************************	City		Zip Cod	e	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>				

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 = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Arvin Scott	1244 Sandy Street Port Chartotte, FL	🖸 Add
		Port Chartotte, FL	Remove
	_	33157	Change
MGR	Celene Galvan	1244 Sandy St Port Charlotte, FL 3395	Add
		Abet Charlotte, FL 3393	2 □ Remove
			Change
			🗆 Add
			□ Remove
		- IALS	☐ Change
		LAYA	Add 77
		SE S	Remove
		FLOR	
		FIIDA	45 ∞ □ Add
			□ Remove
			Change
			□ Remove
			☐ Change

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cument's effective date of	on the Department of	State's records	5.				
record specifies a c The 90th day after t			ot an effecti	ive time, a	: 12:01 a.	m. on th	ne earlier
ted 10 - 15	2015	. 201	5.1				
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Filing Fee: \$25.00