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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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(Document Number)	
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2021 NOV -1 PM 9: 15

SECRETARY OF STATE
TALLAHASSEY OF STATE

COVER LETTER

Division of Cor	rporations		
Cliff's Win	dow Cleaning LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	J	J	
	Albert Adriani		
		Name of Person	
	Cliff's Window Cleaning I	LCq	
		Firm/Company	
	4427 Kings Barn Ct, Unit	303	
		Address	
	Ft. Myers, FL 33916		
		City/State and Zip Code	
	elbowgrease.work@gmail.c		
		to be used for future annual report notifi-	cation)
For further information of	concerning this matter, please c	all:	
Albert Adriani		217 270-0717 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 Addres	•	Street Address:	
Registration 5	Section	Registration Sect	lion

Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOV -1 PM 9: 15

Cliff's Window Cleaning LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FLUIS

The Articles of Organization for this Limited Liability Florida document number	Company	were filed on December	er 29, 2015	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liabi	ility company here:		
The new name must be distinguishable and contain the words "L	imited Liabil	lity Company," the designat	ion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		4427 Kings Barn Ct. U	Jnit 303	
(Principal office address MUST BE A STREET ADI	ORESS)	Ft. Myers, FL 33916	•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4427 Kings Barn Ct. U Ft. Myers, FL 33916	Jnit 303	
B. If amending the registered agent and/or register agent and/or the new registered office address here		address on our record	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	ert Adriani			
New Registered Office Address: 442	7 Kings Bar	rn Ct. Unit 303 Enter Florida stre	vet address	
Ft. I	Myers	Transfer trained diff.	. Florida 3391	6
	-	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Clifford K. Laux	12338 Woodrose Ct.	
		Ft. Myers, FL 33907	= n
			□ Change
MGR	Albert Adriani	4427 Kings Barn Ct. Unit 303	
		Ft. Myers, FL 33916	□Remove
			□Change
			□Add
•			□Remove
•			□Change
			□Add
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		·	□Remove
			□ Change
			⊡ Add
			□Remove
			Change

Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In 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)(3)(3)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)		
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Signature of a member of authorized representative of a member		aent ali

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