

LN000056774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800291647228

11/03/16--01011--022 **30.00

FILED
16 NOV -3 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 4 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSANE CLEAN LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA LUIZA LACHOWSKI

Name of Person

INSANE CLEAN LLC

Firm/Company

10615 BOCA ENTRADA BLVD

Address

BOCA RATON, FL. 33428

City/State and Zip Code

InsaneClean@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FELIPE LACHOWSKI

Name of Person

at (561) 542 - 3568

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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

FILED
16 NOV -3 PM 12:29
TALLAHASSEE, FL 32301
SECRETARY OF STATE

**TO
ARTICLES OF ORGANIZATION
OF**

INSANE CLEAN 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 3/21/2016 and assigned
Florida document number L16000056774.

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)

10615 BOCA ENTRADA BLVD

BOCA RATON, FL.

33428

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10615 BOCA ENTRADA BLVD

BOCA RATON, FL

33428

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:

MARIA LUIZA LACHOWSKI

New Registered Office Address:

10615 BOCA ENTRADA BLVD

Enter Florida street address

BOCA RATON

, Florida

City

FILED
16 NOV -3 PM 12:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FELIPE LACHOWSKI	2187 UMBRELLA CAY	<input type="checkbox"/> Add
		WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Remove
		33428	<input type="checkbox"/> Change
MGR	MARIA LUIZA LACHOWSKI	10615 BOCA ENTRADA BLVD	<input type="checkbox"/> Add
		BOCA RATON, FL	<input type="checkbox"/> Remove
		33248	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

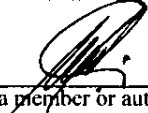
FILED
 NOV - 3 PM 12:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Blank lined area for document content.

E. Effective date, if other than the date of filing: _____ (optional)
(If an 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. the earlier of:
(b) The 90th day after the record is filed.

Dated October 07, 2016



Signature of a member or authorized representative of a member

LUIZA LACHOWSKI

Typed or printed name of signee

FILED
NOV - 3 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA