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### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	T: Happy Brush LLC  Name of Limited Liability Company
The en	osed Articles of Amendment and fee(s) are submitted for filing.
Please	turn all correspondence concerning this matter to the following:
	LIM LANDEWEER
	BYUSH Cleaner UC  Firm/Company
	3081 SE DOMINICA TETRACE, Uni+#1
	Stuart, FL 34997  City/State and Zip Code  INFO @ brushcleaner. Com  E-mail address: (to be used for future annual report notification)
For fur	er information concerning this matter, please call:
NO	Name of Person at (772) 4867365  Area Code Daytime Telephone Number
	is a check for the following amount:  00 Filing Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$  \[ \bigcup \frac{1}{2} \\$55.00 \text{ Filing Fee & Certificate of Status}\$  \[ \bigcup \frac{1}{2} \\$55.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \]

#### **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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1000009517</u>	were filed on 47110	_ and assigned
This amendment is submitted to amend the following:		
A If amending name, enter the new name of the limited liab  BYUS CICONEY LLC  The new name must be distinguishable and contain the words "Limited Liabi	•	oviation "I I C"
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3081 SE Dominica Uni+#1 Stuut, FL 3499	Terrace
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3081 SE Dominica Unit#1 Stuart, FL3	Terrace 1997
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		e name of the new
Name of New Registered Agent:  New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	Tin Codo
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and I am fan	niliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
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			□ Remove
			🗖 Change
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			_□ Change
			Add
		RATE MAY 16 P 12:	_□ Remove _□ Change
		F STATE FLORIDA	_□ Remove _□ Change

If amending any other	information, e	enter change(s) here: (Atta	nch additional sheets, i	f necessary.)	
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the record specifies a ) The 90th day after		ctive date, but not an e filed.	ffective time, at 12:	01 a.m. on t	he earlier of:
Dated Mal	13	, 2016			
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		Typed or printed name  Page 3 of 3	-	P P 2: 50	MO

Filing Fee: \$25.00