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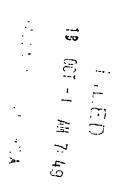
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O SIMMONS OCT 10 2019

## **COVER LETTER**

TO: Registration : Division of C			
SUBJECT:	KLEEN PRO Scar Name of Limit	LTIONS LLC ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corres	pondence concerning this matter t	o the following:	
	Char	Name of Person	,,,_,
		Firm/Company	
	3938 Ceon	a Cay Cr	
	VALTICE	FL 3359	6 pac(pas. Com
	SCOTT. KURT	De Used for future annual report	PAC(PAJ. COM
For further information	concerning this matter, please ca	11:	
Charles	KURTZ of Person	at ( <u>813</u> ) <u>Z9</u> Area Code Do	ytime 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KLEEN PRO S	201100			
(Name of the Limited	Elability Compai Florida Limited L	<b>ny as it now app</b> Jiability Company	ears on our records.)	
The Articles of Organization for this Limited Liab Florida document number 160007074	oility Company	were filed on	04/11/2016	and assigned
This amendment is submitted to amend the follow	ring:			8 -
A. If amending name, enter the new name of the	he limited liabi	lity company	<u>here</u> :	上加
The new name must be distinguishable and contain the wor	ds "Limited Liabili	• •	=	}
Enter new principal offices address, if applicab	ole:	<u> 393</u> E	CEDAR CA	4 - Cirão
(Principal office address MUST BE A STREET	ADDRESS)	JAC.	rico, FL 3	3596
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office			on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:		<del></del>		<del></del>
New Registered Office Address:	<i>3</i> 938	CEOAR Enter F	Cay Cr	
	VALLIC	e		33596
		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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
		<del></del>	
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			□ Change
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date  e: If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	e of filing or more than 90 days after filing.) Pursuant to 605.0
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie
ed 9/21 . 2018 .	
Signature of anthorized  Charles Scar Lurz  Typed or printed nan	representative of a member

Page 3 of 3

Filing Fee: \$25.00