

L16000103217

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

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Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BLUE DIVER MARINE SERVICES, LLC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

2020 JAN 16 PM 3:31

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H20000018291 3
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BLUE DIVER MARINE SERVICES, 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 05.26.2016 and assigned
Florida document number L16000103217

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CUSTOM CLEAN SERVICES LLC

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:

2270 Burgundy Terr

(Principal office address MUST BE A STREET ADDRESS)

ST PETERSBURG FL 33714

Enter new mailing address, if applicable:

2270 Burgundy Terr

(Mailing address MAY BE A POST OFFICE BOX)

ST PETERSBURG FL 33714

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:

SILVIE BAHULOVA

New Registered Office Address:

2270 Burgundy Terr

Enter Florida street address

ST PETERSBURG

Florida 33714

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.

[Handwritten Signature]

If Changing Registered Agent, Signature of New Registered Agent

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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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|-----------------|------------------------|--|
| MGR          | SILVIE BAHULOVA | 4811 CORDOVA WAY S     | <input type="checkbox"/> Add               |
|              |                 | ST PETERSBURG FL 33712 | <input checked="" type="checkbox"/> Remove |
|              |                 |                        | <input type="checkbox"/> Change            |
| AMBR         | SILVIE BAHULOVA | 2270 Burgundy Terr     | <input checked="" type="checkbox"/> Add    |
|              |                 | ST PETERSBURG FL 33714 | <input 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            |
|              |                 |                        | <input type="checkbox"/> Add               |
|              |                 |                        | <input type="checkbox"/> Remove            |
|              |                 |                        | <input type="checkbox"/> Change            |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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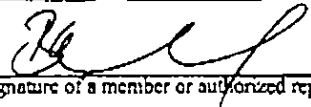
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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. on the earlier of: (b) The 90th day after the record is filed.

Dated January 8th, 2020



Signature of a member or authorized representative of a member

SILVIE BAHULOVA

Typed or printed name of signer