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K.SAL'I EXAMINER

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COVER LETTER

TO:	Registration Se Division of Cor			
OT ID IT		cleaning LLC		
SUBJE	çr:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Eldar Guliev		
			Name of Person	
		CleanPeace cleaning LLC		
Firm/Company				
		2530 lake debra dr apt 19-	104	
			Address	
		orlando/florida 32835		
		cleanpeacellc@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Eldar C	Guliev		407 9685150 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
≅ \$25	5.00 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



CleanPeace cleaning LLC		SURID,
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (lorida document number L16000126048	Company were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD</u>	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Florida	
	Citv	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR'	Dzmitry Krotau	2574 lake debra dr apt 29-107	Add
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an effective date is listed, the date must I	late of filing: be specific and cannot be prior to date of fick does not meet the applicable status	filing or more than 90 days after fi	iling.) Pursuant to 605,0207 (3)
current s effective this on the Dep	attrient of State's records.		
record specifies a delayed The 90th day after the reco	effective date, but not an efferd is filed.	ective time, at 12:01 a.	m. on the earlier of:
august 1st	2016		
	90		
<u></u>	ignature of a member or authorized repre	esentative of a member	

Page 3 of 3

Filing Fee: \$25.00