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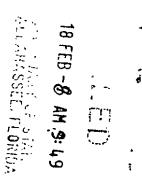
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COVER LETTER

TO: Registration Secti Division of Corpo			
1.01	waste Solution	005 ///	
SUBJECT: 1YU	Name of Limited	Liability Company	
	mendment and fec(s) are submit		
Please return all correspond	dence concerning this matter to	the following:	
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	3422 N	(imation C	<u>:+</u>
	Teller mass	e FC 3230	<u></u>
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	Tru wu Ste Stut E-mail address: (to	City/State and Zip Code . (a) (9) 9 w/\(\tilde{1}\). (0) be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	ll:	
<u> </u>		at (*Calambana Mumbar
Name o	f Person	Area Code Daytime	relephone (valuoci
Enclosed is a check for the	ne 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)
MAU	INC ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION . OF

VUWINSTE SOLVENIS COMPANY OF IT DOW ADDRESS ON OUR records.)	
(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 and ass	igned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Trum Ste Cleaning Solutions 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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:	of the new
· · · · · · · · · · · · · · · · · · ·	E
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Florida 27 7 10 Coc	la la
City - Zip Coa	·

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Some: If the date inserted in this block does not meet the applicable statutory filing require	(optional) 90 days after filing	- \ Pur∜han	ıı t ana 05.
an effective date is listed, the date must be specific and cannot be prior to date of fining or more unaffective date in listed in this block does not meet the applicable statutory filing requirement of Status records	rements, this date	्रश्री (not	b e li ste
document's effective date on the Department of State's records.	•	<u> </u>	61
to the an effective time	at 12:01 a.m.	on the	earli
ne record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	ut 12.0 x 2		
Dated - Cover 6th, 2018.			
Signature of a member or authorized representative of a m	nember		

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Filing Fee: \$25.00