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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

K. SALY NOV - 9 2016

COVER LETTER

TO: Registration Sec Division of Corp						
MR. CLEAN	TY LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of	mendment and fee(s) are submitted for filing.					
Please return all correspon	dence concerning this matter to the following:					
	HITALLO DA SILVA					
	Name of Person					
	ASSELFIS INTERNATIONAL, LLC					
	Firm/Company					
	7751 KINGSPOINT UNIT 128					
	Address					
	ORLANDO, FL 32819					
	City/State and Zip Code					
CELSOVM@ASSELFIS.COM.BR						
	E-mail address: (to be used for future annual report notification)					
For further information co	ncerning this matter, please call:					
HITALLO DA SILVA	407 765-4480 at ()					
Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for th	e following amount:					
□ \$25.00 Filing Fee	Certificate of Status Certificate of Status					

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



MR. CLEANY 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 OCTOBER 28, 2016 and assigned Florida document number L16000199577 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MR. CLEAN UP FL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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			☐ Remove		
			☐ Change		

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MGR = Manager

_□ Change

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Filing Fee: \$25.00