## 117000038908

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	

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## **COVER LETTER**

TO: Registration S Division of Co				
	Clean Pro LLC			
SUBJECT: _,	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are subt	nitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Gustavo Rivas			
		Name of Person		
		Firm/Company		
	631 Evernia St. Apt#101		- <del></del>	
		Address		
	West Palm Beach FL, 3340	01		
		City/State and Zip Code	<del></del>	
	absolutecleanproservices@p			
	E-mail address: (	to be used for future annual report notific	ration)	
For further information	concerning this matter, please ca	all:		
Gustavo Rivas		954 709-8583 at ()		
Name	of Person	Area Code Daytime	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)	
	LING ADDRESS: stration Section	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Absolute Clean Pro LLC					
(Name of the Limited Liability (A Florida I	Company as it now apper imited Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000038908</u>	mpany were filed on _	02/17/2017	and assigned		
This amendment is submitted to amend the following:					
x. If amending name, enter the new name of the limit	ed liability company l	nere:			
ŸA					
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."		
inter new principal offices address, if applicable:	5898 BUCCA	5898 BUCCANEER TRAIL			
Principal office address MUST BE A STREET ADDRI	ESS) WEST PALM	WEST PALM BEACH FL. 33417			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		5898 BUCCANEER TRAIL. WEST PALM BEACH FL. 33417			
Name of New Registered Agent.		on our records, enter	the name of the		
New Registered Office Address: 3898 B		orida street address	-		
WEST	PALM BEACH	, Florida <u>334</u>	·17		
	Cuy	, 1 101 11111	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DIANA C. KLEIN	9074 TREMEZZO LANE	
		BOYNTON BEACH FL, 33472	■ Remove
			□ Change
AMBR	GUSTAVO A. RIVAS	9074 TREMEZZO LANE	□ Add
		BOYNTON BEACH FL, 33472	■ Remove
		<del></del>	Change
		-	Add
			☐ Remove
			□ Change
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			□ Change
			□ Remove
			□ Change

Effective date, if other than the date of filing:  (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.) Parsuant to 605.0207  Store: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The potth day after the record is filed.  Dated  6/16  2017  Signature of a member or authorized representative of a member.	<del></del>								
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Dated			<u>-</u>				•		
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/ - 4	documer he reco	90th day after			7				
Signature of a member or authorized representative of a member	documer he reco	90th day after	r the record is	2015	<del>7</del>				
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Filing Fee: \$25.00