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(F	Requestor's Name)
(/	Address)
(/	Address)
(0	City/State/Zip/Phone #)
(E	Business Entity Name)
])	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	Office Use Only



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## **COVER LETTER**

TO:	Registration Section			
	Division of Corporations			

SUBJECT:	Clean	My	Ride,	LLC	
		Name of Lin	lited Liability Compar	1 <u>y</u>	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

2 \$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)

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

	F AMENDMENT			
	TO ORGANIZATIO	N		
	OKGANIZATIO	1		
( <u>Name of the Limited Libbility Com</u>	pany avit now appears on ( ad Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on	arjauj	$\underline{-+}$ and as	signed
Florida document number <u>L17000045414</u> .				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:			
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designa	ation "LLC" or the a	bbreviation "I	tC."
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)			<u>.</u>	J =
			SEE SEE	£ 144 mg
B. If amending the registered agent and/or registered	office address on our	records, <u>enter</u>	the name	of the new
registered agent and/or the new registered office address h	<u>iere</u> :		OR STA	$\bigcirc$
			<b>1</b> 0	
Name of New Registered Agent:				·
New Registered Office Address:	Enter Florida st	rect address		
	17001 1 107 (40 3).			
	Cuy	, Florida	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</u> or removed from our records:

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	SHARNA REECE	F	5865 Caribbean Blud.	Add
		f	1pt # 2101.	Remove
			WEST PAUN BEACH. FL, 33	Change
				🗆 Add
				Remove
				Change
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				C D Semo C C
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. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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) <u>Note:</u> 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 June	82017	
	Signature of a member or authorized representative of a member	
	Signative of a memory of automyzer representative of a memoer	
	Novia Simpson	
	Lyped or printed name of signee	

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Filing Fee: \$25.00