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AUG 01 2019 S. YOUNG



COVERLETTER

	ation Section n of Corporations
SUBJECT:	Clean Speed. Net LLC Name of Limited Liability Company
JOBBLET:	Name of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Mathew Bozan Name of Person
	Cleanspeedo Net LLC Firm/Company
	3331 Laurelwood Cf
	Torpon Springs FL 34688 City/State and Zip Code C De tail USA(a FINCULL) (orn E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
Da	Name of Person at (\$13) \$\frac{177-1630}{\text{Area Code}}\$ Daytime Telephone Number
Enclosed is a che	rck for the following amount:
□ \$25.00 Filing	2 Fee . \$\tilde{\text{C}}\$\$\\$\tilde{\text{S30.00}}\$ Filing Fee & \$\tilde{\text{C}}\$\$ \$\text{Certificate of Status}\$ \$\tilde{\text{Certified Copy}}\$ (additional copy is enclosed) \$\tilde{\text{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

(Name of the Limited L.	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number		$\frac{22//9}{}$ and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the The new name must be distinguishable and contain the words	ine Auto Spa	LL.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
	4	9
Enter new mailing address, if applicable:		F 7 2
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
_		_, Florida
	City	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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGB	David Bozan	3331 Laurel Word Cf Torpen Springs FL 34684	Add
		Torpen Springs FL 34684	Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			🗖 Add
			Remove
			Change
			□ Remove
		<u> </u>	Change
			🗖 Add
			🗆 Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
(If an ei <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00