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(Re	equestor's Name)	
(Ad	dress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations	· . · . · · · · · · · · · · · · · · · ·	4
SUBJECT: Muy Clean Services LLC	•	
Name of Limited Liabili	y Company	
The enclosed Articles of Amendment and fee(s) are submitted for	filing.	
Please return all correspondence concerning this matter to the following	owing:	
Miguel Veremun do Nam	Cruz Torregro	54
Muy Clean Se	rvices, LLC	
16358 Treasure	Point Dr.	
Wimauma FL City/Sta	33598	
City/Sta	e and Zip Code	
muycleanservices 6 E-mail address: (to be used	amail.com	
E-mail address: (to be used to	or future annual report notification	on)
For further information concerning this matter, please call:		
Zahaira D. Gold at Name of Person	(727) 3/3 040 Area Code Daytime Tele	18 ephone Number
Enclosed is a check for the following amount:		
Certificate of Status Cer	00 Filing Fee & tified 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Muy Clean Se (Name of the Limited Liab)	lity Company as it now appears on our records.) da Limited Liability Company)
(A Florid	da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{4/4/2017}{}$ and assigned
Florida document number <u>L17000075921</u>	manufacture.*
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office adentates.	istered office address on our records, enter the name of the new
registered agent and/or the new registered office au-	uress here:
Name of New Registered Agent:	
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.

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
MGR	Miguel Veremundo Cruz Torr	regrosa 16358 Treasure Point Dr	⊠ Add
	,	Wimauma FL 33598	Remove
		***************************************	☐ Change
MGR	Zahaira D. Cruz	16358 Treasure Point Dr.	D Add
		Wimauma FL 33598	Remove
			Change
*******	······································	*** *** *** *** *** *** *** *** *** **	🗖 Add
			Remove
			Change
	,,		□ Add
,			□ Remove
			Change
			🗖 Add
		· · · · · · · · · · · · · · · · · · ·	Remove
		<u></u>	Change
			□ Add
	•	· · · · · · · · · · · · · · · · · · ·	□ Remove
			□ Change

	
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effective date is listed, the effective date inserted	than the date of filing:
record specifies a	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the record is filed.
he 90th day after	3 rd , 2017.
he 90th day after	3 rd , 2017 . Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00