Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000353953 3)))



H210003539533ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLEAN MEDICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SEP 2 2 2021

S. PRATHER

ALL AHASSEE, FLORID.

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to LLC Articles of Organiz		
The Articles of Organiz	zation	of
The Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for this Limited Liability Company were for the Articles of Organization for the Org	iled on	
This amendment is submitted to amend the following		
Change all addresses	· ·	
- CLEAN HEDICS 16C		-
- 10 LU TALIANI TOI		
-POILI CHARLOTTE FIL 33.9	48	
SJE 214		
These articles of amendment were adopted on		
Dated 9-21-21	 -	
A)		
Signature of a member or authorized representative of a member Dros do do Zambrana Hondano Typed or printed name of signee		- -
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	; ; ;	
Signature of New Registered Agent, if changing		71