# 117000 113320

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (=====, ====,                           |
| (Document Number)                       |
| (Boodineili Nambel)                     |
| Codified Coning Codificates of Status   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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S. YOUNG

### **COVER LETTER**

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Mailing Address:

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

#### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## . ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| _Island Spark   | He Clean LLC  |
|---|---|
| (Name of the Limited Liabit<br>(A Florid  | ity Company as it now appears on our records.) la Limited Liability Company)  |
| The Articles of Organization for this Limited Liability C<br>Florida document number <u>L17000113320</u>  | Company were filed on 05/22/2017 and assigned                                 |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the lim  | nited liability company here:   |
| The new name must be distinguishable and contain the words "Lim   | nited 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 ADDI   | RESS)   |
|   |   |
| Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |
|   | <del></del>   |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  |   |
|   | Enter Florida street address  |
|   | . Florida   |
|   | City Zin 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | Address                          | Type of Action |
|--------------|--------------------|----------------------------------|----------------|
| MGR          | Shanique Christian | 1241NW 19/1st Micmi, FL<br>33/69 | DAdd           |
|              |                    |                                  | <u></u>        |
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| D. ITAM                   | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| (If an ef<br><u>Note:</u> | ive date, if other than the date of filing: ACADS 5, 2020 (optional) ective 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)0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records. |
| If the recor              | d 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 led.  |
| Dated                     | August 5 2020.  Signature of a member or authorized representative of a member   |
|                           | Marvis Johnson Typed or printed name of signee   |

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