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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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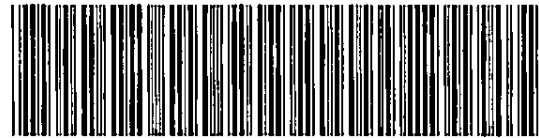
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clean Florida Living, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

David E. Sheets

Name of Person

Clean Florida Living, LLC

Firm/Company

4327 S. Hwy 27 PMB 211

Address

Clermont, FL 34711

City/State and Zip Code

Sales@CleanFloridaLiving.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Sheets

Name of Person

at (386)

Area Code

469 9629

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Clean Florida Living, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/30/2017 and assigned Florida document number L17000141853.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

135A S. Frankfort Ave

Deland FL 32724

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4327 S. Hwy 27 PMB 211

Clermont FL 32711

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

David Sheets

New Registered Office Address:

135A S. Frankfort Ave

Enter Florida street address

Deland

City

Florida

32724

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.

David E. Sheets

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Brandon Sheets	3125 Noah Ct	<input type="checkbox"/> Add
		Deltona FL 32738	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Angel Walker	3125 Noah Ct	<input type="checkbox"/> Add
		Deltona FL 32738	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brandon Sheets	3125 Noah Ct	<input type="checkbox"/> Add
		Deltona FL 32738	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Sheets	1354-S. Frankfort Ave	<input checked="" type="checkbox"/> Add
		Deland FL 32724	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific¹ and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

November 17th

11/17/17

2017

Brandon Sheets

Signature of a member or authorized representative of a member

Brandon Sheets

Typed or printed name of signee