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(Re	equestor's Name)	
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	tegistration Se division of Cor				
	Clean & Sw	rim LLC	• '	•	
SUBJECT	l:	Name of Lin	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		David E Galindez A			
			Name of Person		
		Clean & Swim LLC			
			Firm/Company		
Firm/Company 549 Flower Fields Lane Address Orlando, 11 32824					
			Address		
		Orlando, fl 32824		: :	255
			City/State and Zip Code		3
		adm.anainfante@gmail.com	n (to be used for future annual report not)	thuntion)	4- 100 (369
Para Cambara				incation)	_5
		oncerning this matter, please c			्र भूग
David E C			954 591-3198 at()	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed i	s a check for th	ne 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 tadditional copy is enclosed	
	lailing Addres		Street Address:		
	tegistration S Division of C		Registration Se Division of Cor		
1.2	an ision of C	orporations	Division of Col	Porturona	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clean & Swim LLC		
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	tiled on07/06/2017	and assigned
lorida document number L17000145601		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability c	ompany here:	
he new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
<u> </u>		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		ed to
. If amending the registered agent and/or registered office addresgent and/or the new registered office address here:	ss on our records, <u>enter the n</u>	7- / Land
Name of New Registered Agent:		#- 1
New Registered Office Address:	•	
new registered Office radices.	Enter Florida street address	e u
	, Florida	
\overline{C}	ity:	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 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
AMBR	EDUARDO J SUAREZ STARKE	11920 ISELLE DR. ORLANDO FL 32827	🗆 Add
			≣ Remove
			□Change
MGR	MARIO AGUSTIN AZPURUA S	2320 NE 194 ST, MIAMI FL 33180-2128	■Add
			□Remove
			□ Change
			Remove
		<u> </u>	□ □ Ādd
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fective date, if other than the date of filing:	(optional)	int to 605,020
ote: If the date inserted in this block does not meet the ap- cument's effective date on the Department of State's reco	oplicable statutory filing requirements, this date will no	ot be listed as
ecord specifies a delayed effective date, but not an effective	ve time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
is filed.		
September 29 2021		
ned		

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Filing Fee: \$25.00

Typed or printed name of signee