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J. HARRIE

COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT: De	2ndy 5 Crystal Cleaning Servi	ice LLC
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ndence concerning this matter to the following:	
	Wendy J. Polk	
	Name of Person	
	Wendy's Crystal Cleaning service LLC	
	Firm/Company	
	14626 NW 243rd Terrace	
	Address	
	High Springs, Florida 32643	
	City/State and Zip Code	
	weeslle@outlook.com	
	E-mail address: (to be used for future annual report notification)	
For further information cor	oncerning this matter, please call:	
Wendy Polk	352 318-4015 at ()	
Name of I		
Englosed is a check for the	e following amount:	
☑ \$25.00 Filing Fee	(additional copy is enclosed) Certified C	of Status &

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**

Wendy's Crystal Cleaning Service LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000149418	y were filed on 07/12/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	₹
Enter new principal offices address, if applicable:		S
Principal office address MUST BE A STREET ADDRESS)		-0 -0
	ncipal offices address, if applicable: ce address MUST BE A STREET ADDRESS) illing address, if applicable:	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		;; -d
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Pioriaa street aaaress	
	, Flori	da
	City	Zip Code

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		
ST	Debra A. Snyder	10624 NW 138 Ave High Springs \$1 32643	Add		
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Typed or printed name of signee

Filing Fee: \$25.00