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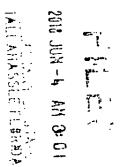
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J. HARRIE

COVER LETTER

SUBJECT: Cystal Cler Capet Clering Series, LVC Name of Limited Mability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tyong hus Johnson Name of Person
Cystal Clear Capet Cleany Sences
ZYIY NE 18th DR Address
Garren VIL 16 37609 Eity/State and Zip Code
E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Vakshia Johnson at 352 682341) Name of Person at 352 Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

Division of Corporations

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2018

TYONGUS JOHNSON 2814 NE 18TH DR GAINESVILLE, FL 32609

SUBJECT: CRYSTAL CLEAR CARPET CLEANING LLC

Ref. Number: L17000172392

We have received your document for CRYSTAL CLEAR CARPET CLEANING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 118A00010556

2018 JUN - 4 PM 1: 22

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cystal Clear Carpet (Name of the Limited Liability Companion (A Florida Limited Liability Companion)	Y as it now appears on ability Company)	SCALLED (UC	
The Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for the Organization for the Articles of Organization for the	vere filed on Au	<u> </u>	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liability".			bbreviation "L.L.	<u>. </u>
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MA			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	NIA		ALL ALLASSES	essent.
B. If amending the registered agent and/or registered office address here:		ır records, <u>enter</u>	the name o	f the nev
Name of New Registered Agent: New Registered Office Address:	Enter Florida	street address	·-	
	City	Florida	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 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 Title Address Type of Action Name Tyangus Johnson 2814 NE 18th DR Gainsville, FL 326091 ☐ Remove ☐ Change AMBR Marchia Johnson 2814 NE 18th DD Gainsville, FL 32609 □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove

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The 90th day after the r			can enecave	time, at 12.	.01 م.۱۱۱۱. ۵۱		
pated May 29	.	. 18	·			₽ 	2016 J
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	John in				_		
Tyangh	Johnson Signature of a	member or autho	orized representati	ve of a member		<u>25.</u> 21. 21.	-G-
Tyanghi	Johnson Signature of a	member or autho	orized representati	ve of a member		, .	

Page 3 of 3

Filing Fee: \$25.00