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	(Re	equestor's Name)	
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Certified Copi	e s	_ Certificates	of Status
			
Special Inst	ructions to I	Filing Officer:	
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COVER LETTER

	egistration So ivision of Cor			
SUBJECT:		DRP-USA LLC	•	
	•	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		GRACIELA DEL VAL		
		CLEANCORP-USA LLC	Name of Person	
		12520 SW 15TH MANOR	Firm Company	
		DAVIE, FL 33325	Address	
		mp.gamservices@gmail.co	Ciry/State and Zip Code	
		E-mail address: (to be used for future annual report notifi-	cation)
For further	information co	oncerning this matter, please c	all:	
Graciela D	el Val		954 826-7252 at ()	
	Name of	f Person	at ()	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55,00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional 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

CLEANCORP-USA LLC

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C Florida document number <u>L17000182223</u>	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:		
	Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent or ovisions of all statutes relative to the proper and cancept the obligations of my position as registered agreed filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, an gent as provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature o	f 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 = N	AGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	ZANITH FONTANET. ORLANDO	124 CARLISLE DR MIAMI SPRIGS, FL 33166	□ Add		
			■ Remove		
		12-20 (NV 1-711 MANOR	Change		
MGR	DEL VAL, GRACIELA	12520 SW 15TH MANOR DAVIE, FL 3332S			
			□ Remove		
			Change		
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(If an effe <u>Note:</u> 1	to date, if other than the date of filing:	07 (3)(as the
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f the rece b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 30th day after the record is filed.	of:
Dated _	AAY 22 2019	
isacea _	Droude will	
	Signature of a member of authorized representative of a member	
	GRACIELA DEL VAL	
	/ Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00