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400305662574

11/17/17--01011--007 **35.00

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Clean Break Name of Limi	Residential Service Liability Company	es LLC
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter (to the following:	
	Ande	rsson Velez Name of Person	
		Firm/Company	
	430	W. New England A	ve Suite A
	Winter!	Park, FL 32789 City/State and Zip Code	
	E-mail address: (t	try bt ZO hotmail. (o be used for future annual report notifi	Om fication)
For further information co	oncerning this matter, please ca	alt:	
Patricia Name o	Be HS Person	at (321) 348-8 Area Code Daytime	E Telephone Number
Enclosed is a check for th	e 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

(Name of the Limited (A	Liability Company as it now Florida Limited Liability Con	appears on our records.) upany)	
The Articles of Organization for this Limited Liab		on <u>09/07/2017</u>	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability comp	any here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company	," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ess on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	//22 > / 0/		N 10 C 1 A
New Registered Office Address:	430 W. N	ew thylund	Ave. Suite A
	Winter Par	K, Florida _	32789 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

<u>Title</u>	Name	Address	Type of Action
MGR	Andersson Velez	stay same	□ Add
			Remove
			Change
MGR	Mariana Gomez	592 Little River Loop	ðvAdd
		Apt. # 207	□ Remove
		Altamonte Springs, FL 32	714 Change
M6R	Guillermo Bernal	430 W. New England	AVE DAdd
		Suite A	Remove
		Winter Park, FL 32789	🗖 Change
M6R	Paola Bornacelli	1780 Welham St	b\/\dd
		Apt. 341	□ Remove
		Orlando, FL 38814	Change
			🗆 Add
			☐ Remove
			Change
			🗖 Add
			Remove
			Change

Effective date, if other than the date of filing: 111417 (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 11/14/2017 Signature of a member or authorized representative at a member Anders SON Vele 2		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated 11/14/2017 Signature of a member or authorized representative of a member		
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	Dated	11/14/2017
. Anderson Deles		Signature of a memoer or authorized representative of a member
		Anderson Delos

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Filing Fee: \$25.00