2/5/25, 10:27 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250000445593)))



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To:

Division of Corporations

Fax Number

: (350)617-6383

From:

Account Name : TAX SAVERS

Account Number : I20150000107

Phone : (941)625-1925

Fax Number : (941)625-1526

. **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_karen.hhpm@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GO CLEAN HOME SERVICES LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GO CLEAN HOME SERV		
(Name of the Limited Liability Company as It no (A Florida Limited Liability Co	ow appears on our records.) Ompany)	
The Articles of Organization for this Limited Liability Company were file on Florida document number L17000207390	ed 10/06/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	ipany here:	
PEACE RIVER PAINTING LLC		
The new name must be distinguishable and contain the words "Limited Liability Comparation of the new name must be distinguishable and contain the words "Limited Liability Comparation of the new name must be distinguishable and contain the words "Limited Liability Comparation of the new name must be distinguishable and contain the words "Limited Liability Comparation of the new name must be distinguishable and contain the words "Limited Liability Comparation of the new name must be distinguishable and contain the words "Limited Liability Comparation of the new name must be distinguishable and contain the words "Limited Liability Comparation of the new name must be distinguishable and contain the new name of th	ny," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		75
		<u> </u>
Enter new mailing address, if applicable:		-5 <u>-</u>
(Mailing address MAY BE A POST OFFICE BOX)		: 🖫 🔘
		· œ
		
B. If amending the registered agent and/or registered office address of	n our records, enter the na	of the new registere
agent and/or the new registered office address here:	· -	
Norman Maria Davida		
Name of New Registered Agent:		
New Registered Office Address:	- -	
E	nter Florida street address	
	, Florida	
City		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
			Add
			□Change
			Add
			CAdd
			□Remove
			LIChange
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Effective date, if other than the date of filing:		
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	Dated	FEBRUARY 4, 2025
		Karen StPierre
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KAREN M. ST. PIERRE		

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