## L18000006755

(Requestor's Name)
(Address)
(Address)
(0) (0) (7) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500312391355

04/27/18--01025--024 \*\*35.00

SECRETARY OF STME

M. MILLIGAN JUN 11 2018



May 4, 2018

SHAMA ISMAEL 105 1ST TERR. PALM BEACH GARDENS, FL 33418

SUBJECT: CLEAN 4 EVER LLC Ref. Number: L18000006755

We have received your document for CLEAN 4 EVER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan Senior Section Administrator

Letter Number: 318A00009297

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	EAN 4 F VIER	ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	BASMI	A Buhedma Name of Person	
		Name of Person	<del></del>
	CLEAR	14 EUER	
		Firm/Company	
	Blain 10	5 1st street	terrace
	palm t	Firm/Company  5 1st stwell  Address  Peach garde	n 33418 FL
	CLEANGE VE	City/State and Zip Code  R 18 (D) gmail. Com  to be used for future annual report notifi	ication)
For further information con	ncerning this matter, please ca		
Basma F Name of F	3 whed ma	at ( <u>561)</u> 3 & Area Code Daytime	354660 Telephone Number
Enclosed is a check for the	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)
MAILIN	IG ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CL	EANYEVER	7018 7A
(Name of the Limite)	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	JUN T
The Articles of Organization for this Limited Lia	bility Company were filed on <u>a /08/18</u>	and assigned
Florida document number / 1800000	5.755	
This amendment is submitted to amend the follow	wing:	1.0840 S.1741E 8: 21
A. If amending name, enter the new name of	the limited liability company here:	77
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		2000
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	(0.1)	
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address on our records, ice address here:	enter the name of the new
Name of New Registered Agent:	Basma Buheam	a
New Registered Office Address:	500 Saturn Lane Enter Florida street address	
	Juno beach Flori	ida <u>33478</u> 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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Basma Buhedma	500 Saturn Lane	🗗 Add
		Juno beach T-13340	∑ □ Remove
			Change
			Add
			Remove
			Change
		<del></del>	🗆 Add
			Remove
			Change
			Add
			_

		□ Remove
		Change
 		Add
		□ Remove
		Change
 		<b>D</b> Add
		Remove
		Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		-	
		-	
_			
_		•	
		-	
_		-	
_		-	
_		-	
_		-	
_			
		-	
_		-	
_		-	
_			
_		•	
Note: 1	e date, if other than the date of filing:	5.0207 (3 ed as th	)( e
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli Both day after the record is filed.	er of:	
Dated _	<u>5/13/18</u>		
	are 1		
	Signature of a member or authorized representative of a member		
	Basma Buheama En	1- NOF 9102	
	Typed or printed name of signee	NOL	
	SSN A	ŧ	

Page 3 of 3

Filing Fee: \$25.00