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Certified Copies	Certificates	of Status
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J. LEGGETT MAR 29 2018

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: OMG	Clean! LLC		
		ited Liability Company	
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Jessica	Smith Name of Person	
	OMG C	lean's LLC Firm/Cumpany	
	2659 E. Gu	NF Lolake Hu	34 Box 404
		City/State and Zip Code	
	ong Clea	City/State and Zip Code 1 23	1.com
For further information con-	cerning this matter, please ca		nonneanon
Jessica Sn Name of P		at (<u>352)</u> 430 Area Code Day	o-2681
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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ DMG Clean & LL	<u></u>
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
<u> </u>	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "PLLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	
	10 3
Enter new mailing address, if applicable:	, <u>;;</u> . Q
(Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or registered offic	oo address on our records, enter the name of the ne
registered agent and/or the new registered office address here:	address on our records, ener the mane or the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jessica Smith	5787 E. Moccasin Slought	21 Kadd
		Inverness, FL 34450	Remove
			Change
AMBL	Nancy Dixon	11585 E. Salmon Dr.	j≅ Ωdd
		Floral City, FL. 34436	○ □ Remove
			Change
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