000/05/60

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

Office Use Only



700315782337

97/25/18--01012--022 **6 .80

> CIMMMONS JUL . 3 2018

COVER LETTER

SUBJECT:	an UP My Zone Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filling.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Dan 1	Name of Person	
		Name of Person	The state of the s
	Clean	Up My Zone LLC Firm/Company	
		Firm/Company	
	13417	Granger Ave	
		Address	
	Orland	o, Florida 32827 City/State and Zip Code	
		City/State and Zip Code	
	<u> </u>	-dan 6@ 9mail. Com	ication)
For further information of	concerning this matter, please ca	ıll:	
Dan Wabo	MNOF	at (<u>708</u>) <u>408 -</u> Area Code Daytime	4981
Name o	of Person	Area Code Daytime	Telephone Number
Funland in a abank four	ha Call and an arrange		
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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 **ARTICLES OF ORGANIZATION**

Clean UP My Zo	one, LLC
(Name of the Limited Liability Compar (A Florida Limited L.	ty as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company	were filed on APril Z6, Z018 and assigned
Florida document number L 18000 10 51 60	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	Fig. 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dan C. Wabonnor	13417 Granger AVE	
		OFlando, FL 32827	□ Remove
			Change
MGR	Kariola J. Etti	13417 Granger Ave	Add
		Orlando, FL 32827	⊠ Remove
		 	☐ Change
MGR	Mercedius Jones	13417 Granger Ave	Add
		Orlando, FL 32827	⊠ Remove
			□ Change
			BAdd I
			SECOND PROMOTED PROMO
		W-22244 (M.)	Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change

						
						
		-				
·						
 						
						•
· · · · · · · · · · · · · · · · · · ·					gand (
						m R
				,		(A) 12 (A)
						35.0
			<u> </u>			
				•		
						
ective date, if other effective date is listed, the	than the date one date must be speci	f filing:	e prior to date of f	iling or more than 90	(optional) days after filing.	Pursuant to 605 020
te: If the date inserted ument's effective date	I in this block doe	es not meet the a	applicable statut	ory filing requirer	nents, this date	will not be listed a
ument's effective date	on the Departme	in or state s ter	corus.			
record specifies a	delayed effec	tive date, bu	it not an effe	ective time at	12·01 a.m	on the earlier o
he 90th day after				out to time, at	22.02 0	on the carner o
ed		,				
		210				
		- Wale		sentative of a memb		
	Signatu	re of a member o	r authorized repre	sentative of a memb	ecr .	

Page 3 of 3

Filing Fee: \$25.00