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(Requestor's Name)
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COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:	ean Up My Zone Name of Lim	LLC	
	Name of Lim	ited Liability Company	
			. •
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	,
Please return all corresp	ondence concerning this matter	to the following:	2 .
			: .
	Jan W	abomnor	<i>,</i>
		Name of Person	
	(1	M. S	<u>ت</u>
	_ Cleanup	My Shhh, LLC Firm/Company	
	6900 Ta	vistock Lakes	Blvd. Suite 400
	Orlando Itsjusta	Florida 328 City/State and Zip Code Lan 6@ Smail, Com to be used for future annual report noti	fication)
For further information	concerning this matter, please ca		
Dan Wa	bomnot	at (<u>708</u>) <u>408 - 4</u> Area Code Daytim	1981
Name	of Person	Area Code Daytim	e 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)	Solution for the second
	LING ADDRESS: tration Section	STREET/COURI Registration Section	
	ion of Corporations Box 6327	Division of Corpor Clifton Building	rations

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on April 26, 2018 and assigned Florida document number _L1800_105160	Zone, LLC		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Clearup My Shih. LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) OClardo, Florida 32827 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	ted Liability Company)		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cleanup My Shih, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Orlando, Florida 32827 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	any were filed on APril 26, 2018	and as	signed
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New Registered Office Address: Enter Florida street address . Florida	·	name	of the 1
Enter Florida street address . Florida			
. Florida			
Florida City Zip Code	Enter Florida street address		
City Zip Code			
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age		iability Company) iability company here: iability Company," the designation "LLC" or the abbr 6900 Tavistak Lak Oclando, Florida I office address on our records, enter there: Enter Floridu street address City Florida City	iability company here: iability Company," the designation "LLC" or the abbreviation "L 6900 Tavistock Lakes B Oclando, Florida 3282 I office address on our records, enter the name here: Enter Floridu street address

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
			Change
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Note: If the date in	other than the date of i isted, the date must be specifi iserted in this block does be date on the Department	not meet the applica	o date of filing or more to ble statutory filing re-	(optional) han 90 days after filing. quirements, this date) Pursuant to 605.0 will not be listed
	ies a delayed effecti after the record is fi		an effective time	e, at 12:01 a.m. (on the earlier
Dated					
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Page 3 of 3

Filing Fee: \$25.00