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COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	rporations			
CLEAN S' SUBJECT:	WEEPT OF THE FLORIDA			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LEONARDO CABRERA	·		
		Name of Person		
	CLEAN SWEEPT OF TI	HE FLORIDA KEYS LLC		
		Firm/Company		
	D-49 11TH AVENUE			_
		Address		₹29 8 8 8
	KEY WEST, FLORIDA	33040		
		City/State and Zip Code		= 1.
	LC2CAB@AOL.COM			;; >
	E-mail address: (to be used for future annual report notificat	lion)	لبي
For further information of	concerning this matter, please c	all:		س د:
LEONARDO CABREF	RA	305 797-5190	<i>,</i>	
Name o	of Person		elephone Number	
Enclosed is a check for t	he 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 Sta Certified Copy (additional copy is en	itus &
Regist	JING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation		

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEAN SWEEPT OF THE FLORIDA KEYS LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	y were filed on 05-15-2018 and assigned
lorida document number L18000121718	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	pility company here:
LEAN SWEEP OF THE FLORIDA KEYS LLC	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	100 mg
The part of the state of the st	
	= 1,4
nter new mailing address, if applicable:	> i
<u> Iailing address MAY BE A POST OFFICE BOX)</u>	
	c :
If amending the registered agent and/or registered ogistered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·
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	LEONARDO CABRERA	CABRERA D-49 11TH AVENUE, KEY WES Remove Add Change Change Add Add Add Add	
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			☐ Change
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fective date, if other than then the effective date is listed, the date me	e date of filing:	(optional) iling or more than 90 days after filing.) Pursuant to 605	.02
ote: If the date inserted in this becoment's effective date on the l	lock does not meet the applicable statut	ory filing requirements, this date will not be liste	:da
		ective time, at 12:01 a.m. on the earlie	er
The 90th day after the re	cord is filed.		
MAY 26,	2018		
	/		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00