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SECRETARY OF CHAIL OF CORPORATION

COVER LETTER

	egistration Sec ivision of Corp			
SUB IFOT		cepts Cleaning Crew LLC		
JOBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspor	ndence concerning this matter	to the following:	
		Carla Matthews		
			Name of Person	
		Clean Concepts Cleanin	g Crew LLC	
			Firm/Company	
		2827 Strawberry Terrace	•	
		· · · · · · · · · · · · · · · · · · ·	S Cleaning Crew LLC Name of Limited Liability Company Indiment and fee(s) are submitted for filing. See concerning this matter to the following: Itaria Matthews Name of Person Idean Concepts Cleaning Crew LLC Firm/Company 827 Strawberry Terrace Address Torth Port, Fl. 34286 City/State and Zip Code rlascleanconcepts@gmail.com E-mail address: (to be used for future annual report notification) ning this matter, please call: 941 780-0100 at (
		North Port, Fl. 34286		
For further Carla Mat			City/State and Zip Code	
				
		· ·	·	cation)
For further	information co	oncerning this matter, please ca	all:	
Carla Mat	thews		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L18000128851 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviate the 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] B. If amending the registered agent and/or registered office address on our records, enter the new name must be distinguishable and contain the words "Limited Liability company here: [Mailing address MUST BE A STREET ADDRESS]			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the 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) B. If amending the registered agent and/or registered office address on our records, enter the negistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
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The Articles of Organization for this Limited Liability Company were filed on 05/23/2018			
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) B. If amending the registered agent and/or registered office address on our records, enter the negistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
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Name of New Registered Agent: New Registered Office Address:			
Name of New Registered Agent: New Registered Office Address:			
New Registered Office Address:	the name	of th	
inite i to the street and the			
, Florida			

New Registered Agent's Signature, ii 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>	Address	Lype of Action
AMBR	Cayla Mckenzie	2244 Penguin Ln.	
		North Port, Fl.	■ Remove
		34286	Change
AMBR	Kimberly Scott	2827 Strawberry Terrace	🗆 Add
	· · · · · · · · · · · · · · · · · · ·	North Port, Fl.	Remove
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Affective date, if other than th	he date of filin	ıg:			(optional)		
f an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	nust be specific an block does not a	d cannot be prio meet the appli	cable statutory	g or more than 90 r filing requires	days after filing.) I	tursuant to 605.0 ill not be listed)207 (I as ti
e record specifies a delay The 90th day after the re			ot an effect	ive time, at	12:01 a.m. oı	n the earlier	r of:
June 4		2018	_				
0.0	Λ	,					

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Typed or printed name of signee

Filing Fee: \$25.00