## L18000132416

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certifi	red Copies Certificates of Status
Spe	ecial Instructions to Filing Officer
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## **COVER LETTER**

TO: Registration Son Division of Con	rporations		
SUBJECT:	Daveally Clear Name of Lin	Aula Defallm nited Liability Company	delectron Services LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		·	
		Alexander Pervi	
		·	
		Firm/Company	<del></del>
		1 min Company	
	104 E	Fouler Ave 5	te 170
	Tan	Du FL 33617 City/State and Zip Code	
		no be used for future annual report noti	
For further information c	oncerning this matter, please c	al <b>!</b> :	
Maran. Name o	1. Perry	at $(90)$ $250$ Area Code Daytime	- 3170 c Telephone Number
Enclosed is a check for th	e following amount:		
☑ S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	rtion
Division of C	orporations	Division of Corp	
P.O. Box 632 Tallahassee, F		The Centre of T	allahassee
rananassee, r	L 32314	4415 N. Monro	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Squeaky Clea Name of the Limited (A	n Auto Liability Compan Florida Limited Li	Detailing y as it now appears on ability Company)	our records.)	sernces	ille
The Articles of Organization for this Limited Liab Florida document number <u>L18006132</u>		were filed on 5/2	29/2018	and as	signed
This amendment is submitted to amend the following	ing:			2024 TÀL	
A. If amending name, enter the new name of th	e limited liabili	ity company here:		2024 MAR T	1 ;
The new name must be distinguishable and contain the word	s "Limited Liabilit	y Company," the design	ation "LLC" or th	e abbreviation "I	.L.C.
Enter new principal offices address, if applicabl	e:	104 E1	owler	Ave 5	e (17.0
(Principal office address MUST BE A STREET A	(DDRESS)	Tampa	, FL 31.	<u> ३ (ब्री.८ त</u>	<u>}</u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	104 E F Tampa	ōwler , FL 3	Ave 5+.	e 170
B. If amending the registered agent and/or regis	stered office ad ere:	dress on our record	ls, <u>enter the n</u>	ame of the nev	<u>v registered</u>
Name of New Registered Agent:	Rober	et Goods	٥۾		<del></del>
New Registered Office Address:	104 E	2t Goods Fowler Enter Florida str	Ave St	re 170	
-	Tamp	O a_ City	, Florida	33612	
Now Devictored Annual Cineses 16 L		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
			Change
			□Add
			□ Remove
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(If an effect Note: If	e date, if other tive date is listed, the date inserted the date inserted	the date must be sp d in this block d	pecific and loes not m	cannot be pri cet the appl	or to date of fi icable statut	ling or more t	han 90 days at	<b>tional)</b> ter filing.) Pu his date wil	rsuant to 605.0 I not be listed	)207 (3 d as th
ord is filed						01 a.m. on tl	ne earlier of:	(b) The 90	Oth day after	the
Dated	Niezala		,	19th	·					
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Filing Fee: \$25.00