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(Reque	stor's Name)
(Addres	ss)
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PICK-UP	WAIT MAIL
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(Docun	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filir	ng Officer:

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COVER LETTER

TO: Registration Section Division of Corporations	•	•		
SUBJECT: CHE	LSEA CLI	EANING		
SUBJECT:	Name of Limite	ed Liability Company		
The enclosed Articles of Amendme	ent and fee(s) are subm	itted for filing.		
Please return all correspondence co	oncerning this matter to	the following:		
	CHELS	Name of Person	ζ	
	CHELSEA	CLEANT Firm/Company	NG L.L.C	
_2	203 Mon	NTCLAIR Address	DR	
<u>_S</u> #	ARASOTA	City/State and Zip Code GMAIL be used for future annual	1231	
(CBYLER 199 E-mail address: (to	be used for future annual	report notification)	
For further information concerning				
CHELSEA BYLE	R	at (<u>941)</u> Area Code	806 9649	
Name of Petson		Area Code	Daytime Telephone Nu	ımber
Englosed is a check for the followi	ng amount:			
	.00 Filing Fee & ertificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enc	Cer closed) Cert	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Registrat Division Clifton B	F/COURIER ADDRES ion Section of Corporations suilding ecutive Center Circle	SS:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHELSEA CLEANS (Name of the Limited Liability Comp (A Florida Limited	ING any as it now appears on our recor Liability Company)	<u>rds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number 1800169192 .	y were filed on 7 13	18 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)) 1.
		ON OF CO	
Enter new mailing address, if applicable:		<u> </u>	C
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	-
		5 110 × 11	_
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ds, enter the name of the	<u>new</u>
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida street addr	ess	
		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
MS	CHELSEA BYLER	2203 MONTCLAIR DR	Ndd
		Sarasota, FL, 34231	🗆 Remove
		Change	
			D Add
			Remove
			Change
			Add
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			□ Change
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		□ Remove	
			□ Change
		🗆 Add	
		Remove	
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	***** ,
	AUG 24
Effec	tive date, if other than the date of filing:
Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 05.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be distern.
docui	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
1.	. 8-18-18
Dated	
	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a memory
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00