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S. CHATHAM

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DIVISION OF CORPORATIONS

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## **COVER LETTER**

Registration Section

TO:

porations		
DUST FREE FLOOR REMO	OVAL LLC	:
Name of Lim	ited Liability Company	
imandment and feets) are sub	mitted for filing	
dence concerning this matter	to the following:	
ROBERT GUEST		
	Name of Person	
GUEST, PEAVY, GUES	T CPA'S P.A.	
	Fiun/Company	<del></del>
759 SW FEDERAL HWY	SUITE 103	
	Address	· · · · · · · · · · · · · · · · · · ·
STUART, FL 34994		
-	City/State and Zip Code	
RGUEST@GPCPA.COM		<del> </del>
		uncation)
ncerning this matter, please co	all:	
	772 286-9005 at ()	
Person	Area Code Daytir	ne Telephone Number
: following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>:</u> ection	Street Address: Registration So	
orporations	Division of Co	•
		Tallahassee oe Street, Suite 810
	Name of Lim  Amendment and fee(s) are subsidence concerning this matter  ROBERT GUEST  GUEST , PEAVY , GUES  759 SW FEDERAL HWY  STUART, FL 34994  RGUEST@GPCPA.COM  E-mail address: ( neerning this matter, please cancerning this matter, please cancerning this matter)  Person  S30.00 Filing Fee & Certificate of Status	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  ROBERT GUEST  Name of Person  GUEST , PEAVY , GUEST CPA'S P.A.  Fina/Company  759 SW FEDERAL HWY SUITE 103  Address  STUART, FL 34994  City/State and Zip Code  RGUEST@GPCPA.COM  E-mail address: (to be used for future annual report no neering this matter, please call:  Person  at (772 ) 286-9005  Area Code Daytin  citollowing amount:  S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Estimated Liability Company  Name of Limited Liability Company  Name of Liability Company  Person  STUART GUEST (10)  Address  STUART FL 34994  City/State and Zip Code  RGUEST@GPCPA.COM  E-mail address: (to be used for future annual report no neering this matter, please call:  Certificate of Status  Certified Copy (additional copy is enclosed)  STreet Address: Registration Status  Original Copy (additional copy is enclosed)  Street Address: Registration Status  Original Copy (additional copy is enclosed)

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ATLANTIC	DUST FREE	FLOOR R	EMOVAL LLC	

(Name of the Limited Liability Company as it now appears on our records.)

y were filed on 07/31/2018	and assigned
bility company here:	
oility Company," the designation "LLC" or the	he abbreviation "L.I.E."
4441 SE COMMERCE AVE	SEC SEC
STUART, FL 34997	- 0 - X - X
	<b>5</b> SAL
	<b>P</b> 220
4441 SE COMMERCE AVE	<u>ن</u>
STUART, FL 34997	
address on our records, enter the p	name of the new registe
ERAL HWY SUITE 103	
Enter Florida street address	<del></del>
Florids	34994
City	Zip Code
<u>t:</u>	
	bility company here:  ility Company," the designation "LLC" or to  4441 SE COMMERCE AVE  STUART, FL 34997  4441 SE COMMERCE AVE  STUART, FL 34997  address on our records, enter the part of the street address  ERAL HWY SUITE 103  Enter Florida street address , Florida  City

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	Type of Action
MGR	HELENSKI, ALFRED J. III	4441 SE COMMERCE AVE	□Add
		STUART, FL 34997	□Remove
			Change
			□Remove
		<u></u>	
			□Add
			□Remove
			Change
	14000		□Add
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ctive date, if other than th affective date is listed, the date m	e date of filing:ust be specific and cannot be prior to date of filing or mo	(optional) re than 90 days after filing.) Pursuant to 605.0.
If the date inserted in this !	block does not meet the applicable statutory filing	requirements, this date will not be listed
ment's effective date on the	Department of State's records.	
1	in the horacon of the investment of 1201 and a	as the analysis of the The Ook day offer t
ord specifies a delayed effect filed.	ive date, but not an effective time, at 12:01 a.m. or	n the earner or. (b) The 90th day after the
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(IO)	Rignature of a member or authorized representative of	

Filing Fee: \$25.00