L18000191455

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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OCT 16 2020

COVER LETTER

Division of Cor	rporations		
	vart-Heron, LLC		
SUBJECT:	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:	
		v	
	Fritz G. Grant		
		Name of Person	
	Grant, Stewart-heron, LLC		
		Firm/Company	
	4816 West Commercial B	lvd.	
		Address	
	Tamarac, FL 33319		
		City/State and Zip Code	
	fritzgg@gsh-cpa.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Fritz G. Grant		954 486-2100 at ()	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
	■ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
\$25.00 Fitting Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	ss:	Street Address:	
Registration		Registration Se	
Division of C		Division of Co	rporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY CLEAN COME TRUE LLC

2020 St. 1-4 Eli 7: 55

(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) id Liability Company)	
The Articles of Organization for this Limited Liability Comparting document number <u>L18000191955</u> .	ny were filed on 08/10/2018	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbre	eviation "L.L.C."
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 offic agent and/or the new registered office address here:	e address on our records, <u>enter the name</u>	of the new register
Name of New Registered Agent:		
New Registered Office Address:		
 	Enter Florida strect address	

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.

Ciry

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

AMBR - Addiorized Member		Address Address Line Step - U. All. 7: 55 Type of Ac		
<u> itle</u>	<u>Name</u>	<u>Address</u>	Type of Acti	
MGR Bernard Dorvilus	1551 NW 33RD TERRACE	■Add		
		LAUDERHILL, FL 33311	□Remove	
			□Change	
			□Add	
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			Change	
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August 2	6, 2020		(optiona	l)	
August 2- fan effective date, if other than the date of filing:	ior to date of filing or m	ore than 90	days after filir	ig.) Pursuant to 60	5.0207
Note: If the date inserted in this block does not meet the appl	licable statutory filin	g requirem	ents, this da	te will not be lis	ited as
ocument's effective date on the Department of State's record	ds.				
record specifies a delayed effective date, but not an effective	e time, at 12:01 a.m.	on the earl	ier of: (b)	The 90th day aft	er the
d is filed.				-	
August 26 2020					
Dated . 1	·				
21 Alliote					
Sefulla //Mall					
Selwya Mutt Signature of a member or au	thorized representative	of a membe	er		
/					
Sabriya L White					

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Filing Fee: \$25.00