## 118000206738

(Requestor's Name)
(Address)
(Address)
(Hadress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Ç

Office Use Only



100324064061

02/06/19--01024--010 \*\*25.00

2019 FEB -6 AN II: 27

BRUCE 13 2019

## **COVER LETTER**

TO: Registration S Division of Co					
Clean Flo	w, LLC				
Jobject.	SUBJECT: Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	Rey Rubio				
	Clean Flow, LLC	Name of Person			
	717 Ponce De Leon Blvd,	Firm/Company #309A			
	Coral Gables, FL 33134	Address			
	mepgrouprjr@gmail.com	City/State and Zip Code		2018 EEB	
For further information	E-mail address: concerning this matter, please o	(to be used for future annual report notificall:	fication)	9	17
Rey Rubio Name o	of Person	305 218-1733 at () Area Code Daytime	e Telephone Number	MII: 27	er energy
Enclosed is a check for t	he following amount:				
<b>■</b> \$25.00 Filing Fee	□ \$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		
A4 A 44	INC ADDRESS	OTD FIDAVOOVS	ED ADDRESS		

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

GR 1/1/19

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clean Flow, LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<del></del>		
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on	and ass	signed	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC" or the abb	reviation "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 registered agent and/or the new registered office address he	office address on our records, <u>enter t</u> e <u>re</u> :	he name	of the	e nev
Name of New Registered Agent:		<del>;</del>		
New Registered Office Address:	Enter Florida street address	11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>ස</u>	
		(3,5%	.= } }	{ }
	, Florida	Zip Code		<del>-,</del> -,-
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		27	•••

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

Page 1 of 3

BR/1/9/19

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sterling Laylock	717 ponce de Leon Blvd	
		#309A	
			■ Remove
		Coral Gables, FL 33134	
			□ Change
			L Change
			<b>5</b>
- <del>-</del>			
			<b></b> .
			Remove
			Change
			Add
			Remove
			. — 1
			Change
			5 5
			□ Add
			□ Add
			□:Remove
			27
			Change
		-	
<del></del>			
			☐ Remove
			L Kemove
			Character (Character)
			☐ Change
			5
		-	
			<b>-</b> -
			Remove
			Change

	<u> </u>			
			<del></del>	
<del> </del>			<del></del>	
<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>	
-··			- 1 2	
41771	<del></del>		209 F	<b>c</b>
				12
			— <del>1111 —</del> —	
<del> </del>			3	•
<del></del>				Ÿ
			900	
Effective date, if other than the date of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to date of fi does not meet the applicable statut	(option ling or more than 90 days after fil ory filing requirements, this d	al)	020° d as
ne record specifies a delayed ef The 90th day after the record	fective date, but not an effe is filed.	ctive time, at 12:01 a.r	n. on the earlie	r of
	2019			
January 9 Dated	20.0			
January 9 Dated				

Page 3 of 3

Filing Fee: \$25.00