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COVER LETTER

TO:

TO:	Registration Sec Division of Corp			
CUBIE	OT.	KRYSTL	E KLEAN LLC	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of /	Amendment and fec(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		СН	RISTOPHER C HARRELL	
			Name of Person	
			KRYSTLE KLEAN LLC	
			Firm/Company	
		280	0 50TH AVE W APT 25	
			Address	
		1	BRADENTON, FL 34207	
			City/State and Zip Code	•
		_	DZASZACCOUNTING.COM	
			to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please co	all:	
	JESUS E N	IUNOZ	941 226-0735 at ()	
	Name of	Person		e Telephone Number
Enclose	d is a check for the	e following amount:		
■ \$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)
	Mailing Address Registration S Division of Co P.O. Box 6322 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KR	YSTLE KLEAN LLC		
(Name of the Limited L (A F	iability Company as it now appeard lorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on	09/06/2018	and assigned
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
CORPS CLEANING &	SERVICES LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	:		
Principal office address MUST BE A STREET A			
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
Mailiny address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		cords, <u>enter the nam</u>	e of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, 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 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
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

· 	
	07/22/2020
E ffective If an effect	date, if other than the date of filing: (optional) ive 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 605.0207
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a
uocumen	t's effective date on the Department of State's records.
e record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed	
Dated	JULY 22ND 2020
	Signature of a member or authorized representative of a member
	CHRISTOPHER C HARRELL
	Typed or printed name of signee