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(Re	equestor's Name)	
(Ac	idress)	
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(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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(Bı	usiness Entity Nan	ne)
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Codifical Conice	O-4151-4-	of Chat.
Certified Copies	_ Centificates	or Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corpo	orations		
SUBJECT:	Tś Clean Up L Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	М	Aria E. Ruiz Name of Person	
		Name of Person	.
		DMG Tax Serve	<u> </u>
		Firm/Company	
		7756 S.W. 117 Ave	Suite 2010
		Miami PC 331P3	
		City/State and Zip Code	
	ma	ariaquiros q e hotmino be used for future annual report notifi	1. com
	E-mail address: (to be used for future annual report notifi	ication)
For further information cor	ncerning this matter, please ca	all:	
Maria E	Ruiz	at (305)	407
Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
% \$25.00 Filing Fee	S30.00 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>Mailing Address:</u> Registration Sc		Street Address: Registration Sec	tion
Division of Co		Division of Corp	
P.O. Box 6327		The Centre of Ta	
Tallahassee, FI	L 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company & it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 9212017 and Florida document number	nd assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat	ion "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 office address on our records, enter the name of the agent and/or the new registered office address here:	he new registere
Name of New Registered Agent: Caroling Jimene? New Registered Office Address: 8887 S. W. 172 An	
New Registered Office Address: 8887 S. W. 172 Av. Enter Florida street address	
<u> </u>	3 / 4 <u>C</u> 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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 2020 A!! 17 P.1 6: 37	Type of Action
	<u></u>		□Add
			□Remove
			□Change
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			□Remove
			□Change

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Note:	tive date, if other than the date of filing: 8/21/2020 (optional)
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
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