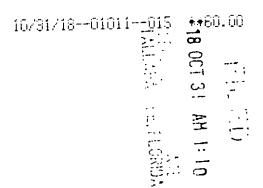


(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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NOV 1 5 2018

COVER LETTER

SUBJECT: TRUE CLEAN CLEANING SERVICES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANIEL CHAREUNSA'B Name of Person
TRUECLEAN CLEANING SERVICES LLC
601 Rosery RDNE APt. 1504
LARGO, FL 33770 City/State and Zip Code DANIEL @TRUECLEAN INGSERVICES. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DANIEL CHAREUNSAS at (727) 871-7657 Name of Person Area Coxle Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

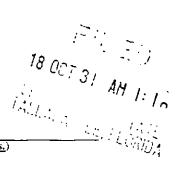
Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TRUECLEAN CLEANING SERVICES LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con	apany were filed on Oc	tober 4, 2018 and assigned
Florida document number L18000235614		7
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here	:
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal effice address MUST BE A STREET ADDRES	<u></u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on o	ur records, enter the name of the new
registered agent and/or the new registered office addres		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent the obligations of my position as registered agent the control of the property of the control of the cont	plete performance of my nt as provided for in Cha	y duties, and I am familiar with and apper 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered company has been notified in writing of this change.	_{Дисе} авигез <i>я, і петепу</i> (голунт нан те итива наонцу

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		
AMBR	Dustin Seidl	6691 121ST AVE Unit E	@^Add		
		LARGO, FL 33-773	☐ Remove		
			Change		
			Add		
			Remove		
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			上 — D Remove 一		
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			Remove		
			Change		

	
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an effective date is listed, the date must be specif	filing:(optional) fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 on the most the applicable statutory filing requirements, this date will not be listed as to of State's records.
e record specifies a delayed effecti The 90th day after the record is fi	ive date, but not an effective time, at 12:01 a.m. on the earlier of: iled.
ated October 12th D. Signature	. 2018
	EUNSAB
<u> Urinel Char</u>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00