L18000 277143

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



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COVER LETTER

TO:

| TO: Registration Se Division of Cor | | | | | |
|---|--|--|---|--|--|
| | CLEAN AGAIN 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 | indence concerning this matter | to the following: | | | |
| | VALENTYNA SLOBODI | ENYUK | | | |
| | | Name of Person | | | |
| | BREATHE CLEAN AGA | IN LLC | | | |
| | | Firm/Company | | | |
| | 20200 NE 27TH COURT | SUITE 29 | | | |
| | | Address | | | |
| | AVENTURA, FL 33180 | | | | |
| | | City/State and Zip Code | ····· | | |
| | VID070863@GMAIL.CON | | | | |
| For further information e | E-mail address: (oncerning this matter, please c | to be used for future annual report not all: | ification) | | |
| VALENTYNA SLOBOI | - | 954 556-0104 | | | |
| Name o | f Person | at () Area Code Daytir | ne Telephone Number | | |
| Enclosed is a check for the | ne following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addres | | <u>Street Address:</u> Registration Se | ection | | |
| Registration Section Division of Corporations | | | Division of Corporations | | |
| P.O. Box 632 | .7 | The Centre of | Tallahassee | | |
| Tallahassee, I | FL 32314 | 2415 N. Monro | be Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BREATHE CLEAN AGAIN LLC | | |
|--|--|--------------------------------|
| (Name of the Lim | ited Liability Company as it now appears on our recor (A Florida Limited Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Elevida document number L18000277143 | Liability Company were filed on H1/30/2018 | and assigned |
| his amendment is submitted to amend the fol | lowing: | |
| a. If amending name, enter the new name | of the limited liability company here: | |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the designation "LL | C" or the abbreviation 5.L.C." |
| Enter new principal offices address, if appli | cable: | <u> </u> |
| Principal office address MUST BE A STRE | ET ADDRESS) | : 2 |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE | | |
| Mulling address MAT BE A FOST OF FICE | | |
| | _ | • |
| If amending the registered agent and/or gent and/or the new registered office addr | registered office address on our records, <u>ente</u> ess <u>here</u> : | r the name of the new regist |
| Name of New Registered Agent: | VALENTYNA SLOBODENYUK | |
| New Registered Office Address: | | |
| | Enter Florida street addre | 355 |
| | , F | lorida |
| | 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 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 |
|--------------|-----------------------|-----------------------|----------------|
| MGR | VALENTYNA SLOBODENYUK | 13818 SW 152ND STREET | = Add |
| | | SUITE 291 | □Remove |
| | | MIAMI, FL 33177 | □ Change |
| AMBR | BRIAN MONTGOMERY | 13818 SW 152ND STREET | |
| - | | SUITE 291 | □Remove |
| | | MIAMI, FL 33177 | Change 20 |
| | | | |
| | | | ☐ Remove 7 |
| | | | |
| | | | □Remove |
| | | | ☐Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| BREATHE AGAIN LLC. | | |
|---|--------------------------|-------------------|
| BRIAN MONTGOMERY WILL NOW BECOME AMBR OF BREATHE AG | AIN LLC. | |
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| ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more that | (optional) | ant to 605 |
| If the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records. | | |
| on a creetive take on the Department of State a records. | | |
| d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the led. | earlier of: (b) The 90th | day after |
| | | |
| FEBRUARY 20 2020 | | |
| | | |

Filing Fee: \$25.00