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COVER LETTER

TO: Regis Divisi	tration Section on of Corporations	•	
A SUBJECT.	TLANTICLEAR WINDOW CLEANING LLC		
SUBJECT: _	Name of Limited Liabilit	y Company	_
The enclosed A	rticles of Amendment and fee(s) are submitted for i	tiling.	
	I correspondence concerning this matter to the follo		
	DAVID GILL		
	Nam ATLANTICLEAR WINDOW CLEA	ne of Person	_
	PO BOX 223875	n/Company	
	WEST PALM BEACH, FL 33422	Address	
	City/State ATLANTICLEAR@GMAIL.COM	e and Zip Code	
		or future annual report notification)	C
For further info	rmation concerning this matter, please call:		N
DAVID GILL	at {	561 254-5499	Co II
		Area Code Daytime Telephone Num	iber Co. Co.
Enclosed is a ch	eck for the following amount:		
□ \$25.00 Filin	Certificate of Status Cert	tified Copy Certifitional copy is enclosed) Certifi	Filing Fee. Seate of Status & Sed Copy Sonal copy is enclosed)
	MAII INC AINIDECC.	CTBULT (COUDING 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLANTICLEAR WINDOW CLEANING LLC

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

(74) (01)	Tunited Datomy Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 12/21/2018	and assigned
Florida document number 000322375960	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the al-	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	w	
B. If amending the registered agent and/or regis		the name of the ne
registered agent and/or the new registered office add	ress nere:	
		2019-JAN-2
Name of New Registered Agent:		
New Registered Office Address:		2
	Enter Florida street address	1
	, Florida	- 4
	City	Zip Code:
New Registered Agent's Signature, if changing Registered	1 Agent:	ूं थी
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and coaccept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and I am f gent as provided for in Chapter 605, F.S. Or,	familiar with and if this document is
	If Changing Registered Agent, Signature of New Reg	gistered Agent

MGR = .8 AMBR = .	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DAVID GILL	5191 NICHOLAS DR WEST PALM BEACH, FL 33417	Add
			
			Change
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			□ Remove
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D. If amending any other information, enter change(s) here: (A	Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to dat Note: If the date inserted in this block does not meet the applicable of document's effective date on the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursuant to 605.03 statutory filing requirements, this date will not be listed	207 (3)(b) as the
the record specifies a delayed effective date, but not an b) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier	of:
Dated		
Daniel R. Hill		
Signature of a member or authorized	representative of a member	
DAVID GILL Typed or printed nan	ne of signer	

Page 3 of 3

Filing Fee: \$25.00