L19000016284

(Requestor's Name)
(Address)
(0001699)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filotte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiness Emily Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700334930357

09/30/19--01018--029 **25,00

FILED

19 SEP 30 FN 65 14

SEP 31 FN 65 14

ALL MANS F FI 6500.

OCT 1 6 2019 S. YOUNG

COVER LETTER

TO:	Registration S Division of Co			a	
····		EAN MACHINE TEAM LLC		у иг е	
SUBJI	ECT:	Name of Limi	ited Liability Company	<u> </u>	
The en	nclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.		
Please	return all corresp	pondence concerning this matter	to the following:		
		GILERMAN, STEVEN			
			Name of Person		
			Firm/Company		
		3211 W BARCELONA ST	Address		
		TAMPA, FL 33629	City/State and Zip Code		
For fu	rther information	E-mail address: () n concerning this matter, please co	to be used for future annual report notifi INFO (O) Clean Ma all:	cation) . Chine team. Com	
5	tenen 6	:lerman	813 649-3330 at ()		
	Name	e of Person	Area Code Daytime	Telephone Number	
Enclo	sed is a check for	r the following amount:			
■ \$2	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 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

THE CLEAN MACHINE TEAM LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability C	Company were filed on 01/15/19	and assigned
Florida document number L19000016284	 ·	
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	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		<u>>9</u> 9
		AR FI
Enter new mailing address, if applicable:		ASSE D
(Mailing address MAY BE A POST OFFICE BOX)		
		2
		善 二
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records <u>dress here</u> :	, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	S
		orida Zip Code
	City	zip Coae

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	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	ANGRAND, BRIAN		3211 W BARCELONA ST #B	
		_	m	
			TAMPA, FL 33629	■ Remove
				■ Ketnove
			N	Change
		_		
				Remove
				□ Change
		_		
				□ Remove
				Change
				
				Remove
				Change
		· .		Add
				□ Remove
				Change
		_		
				□ Remove
				Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	7 Y
	¥
-	
	
-	· · · · · · · · · · · · · · · · · · ·
-	
-	
-	
•	· · · · · · · · · · · · · · · · · · ·
-	
(If an et <u>Note:</u>	ive date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	SEPTEMBER 17TH 2019
	Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member
	Typed or printed name of signee