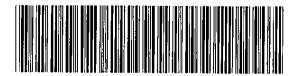
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

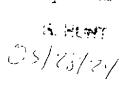
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COVER LETTER

	Registration Se Division of Co			
SUBJEC	Germ Blas	ters LLC		
SUBJEC		Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Catrina St Cyr		
			Name of Person	
			Firm/Company	 ,
		15050 Elderberry Lane, St	uite 6	
			Address	
		Fort Myers, FL 33907		
		 _	City/State and Zip Code	-
		germblasters1@gmail.com		
		E-mail address: (to be used for future annual report notif	fication)
For furth	er information c	concerning this matter, please c	all:	
Catrina S	St Cyr		239 345-5460 at ()	
	Name o	f Person		: Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	S30.00 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 Registration S		Street Address:	*
	Registration s Division of C		Registration Sec Division of Corp	
	P.O. Box 632		The Centre of T	
•	Tallahassee, I	FL 32314		Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Germ Blasters LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number	were filed on01/28/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	•
King of Clean LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15050 Elderberry Lane	
(Principal office address MUST BE A STREET ADDRESS)	Suite 6	- :
	Fort Myers, FL 33907	
Enter new mailing address, if applicable:	15050 Elderberry Lane	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 6	:
	Fort Myers, FL 33907	~.!
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Litter 1 tortua street address	
	, Flor	ida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remov	ed from our records:		
MGR =	Manager		

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Adđ
			□ Remove
			Change
			□Add
			□Remove
			□Change
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be page. If the date inserted in this block does not meet the ap	prior to date of filing or π	(option	ing.) Pursuant to 605.020
nument's effective date on the Department of State's reco	ords.	ig requirements, this c	iate will not be listed a
cord specifies a delayed effective date, but not an effective s filed.	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ed			
CHI	<u> </u>		
Signature of a member or a Catrina St Cyr Catrina St Cyr	unorized representative	ot a member	
Catrina St Cyr ((1+r)) C			

Filing Fee: \$25.00