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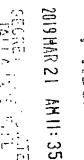
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Special Instructions to F	iling Officer:	
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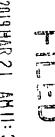
Office Use Only



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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		LEANING LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		JOJEANIA A LINDSEY		
			Name of Person	
		LINDSEY CLEANING LI	LC .	
			Firm/Company	
		2153 BACKTON ST		
			Address	
			City/State and Zip Code	
		PORT CHARLOTTE FL 33		
		E-mail address: (to be used for future annual report notifi	cation)
For further i	nformation co	ncerning this matter, please co	all:	
JOJEANIA	A LINDSEY		941 769-4228 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 E	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:

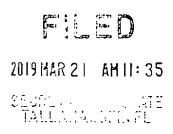
TO:

Registration Section

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**



LINDSEY CLEANING LLC

(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appe liability Company	ars on our records.)
The Articles of Organization for this Limited Lis Florida document number $\frac{119000049484}{1}$	ability Company	were filed on $\frac{6}{2}$	22/19/2019 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company l	here:
LINDSEY CLEANING LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	2153 BACKT	ON ST
(Principal office address MUST BE A STREE)	T ADDRESS)	PORT CHAR	LOTTE FL 33948
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		
B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent:		:	on our records, <u>enter the name of the</u>
New Registered Office Address:	2153 BACKTO	N ST	
New Registered Office Address.		Enter Flo	orida street address
	PORT CHARL	OTTE	. Florida ³³⁹⁴⁸
		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	JOJEANIA A LINDSEY	2153 BACKTON ST PORT CHARLOTTE FL 33948	■ Add
		 -	□ Remove
			Change
			Add
			Remove
			Change
			Add
		□ Remove	
			Change
			Add
			☐ Remove
			Change
		Remove	
			Change
			Add
			□ Remove
			□ Change

,	ation, enter change(s) here: (Attach additional sheets, if necessary.)
	02/20/2019
	e date of filing:(optional) ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (lock does not meet the applicable statutory filing requirements, this date will not be listed as t
ne record specifies a delaye The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: cord is filed.
MARCH 19 Dated	2019
<u> </u>	
- Journ	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00