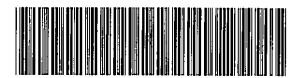
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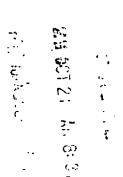
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TO:	Registration Section Division of Corporations

TO: Registration Section
Division of Corporations

SUBJECT: AS CLEAN AS A WHISTLE MCBILE DETAILING LICE
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

TODD T BROWN
Name of Person
LLC
Firm/Company
2630 W BROWARD BLYD SUITE 203-450
FORT LAUDERDALE, FL 33312-1314
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\$ 30.00

Enclosed is a check for the following amount:

聞\$25.00 Filing Fee

₩\$30.00 Filing Fee & Certificate of Status ES55.00 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

AS CLEAN AS A WHISTLE MOBILE DETAILING LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on MARCH 05,2	019 and assigned
Florida document number L19000 e 635 8 9.		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000 e 6 35 8 q</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi		72 1
A. If amending name, enter the new name of the limited liabi	lity company here:	
AS CLEAN AS A WHISTLE The new name must be distinguishable and contain the words Limited Liabili Enter new principal offices address, if applicable:	ty Company," the designation "LLC" or the	ے (.: a abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2630 W BROWARD) BLVD
(Principal office address MUST BE A STREET ADDRESS)	SUITE 203 - 45	
	FORT LAUDERDALE, FL	
Enter new mailing address, if applicable:	<u>Z630</u> W BROWARD _ SUITE Z03- 450	BL <u>VD</u>
(Mailing address MAY BE A POST OFFICE BOX)	_ SUITE ZC3- 45	c
	FORT LAUDER DAL	E FL 33312 - 1314
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		er the name of the new
	Result	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutics, and I avrovided for in Chapter 605, F.S. C	m familiar with and Or, if this document is

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 = 1 AMBR = 1	MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			[#]Add			
			[fi]Remove			
		<u> </u>	[li2Change			
			[E]Add			
			[li]Remove			
			[li]Change			
			[li]Add			
			[#]Remove			
		<u> </u>	[#]Change			
			[[i]]Add			
			[fi]Remove			
			[li].Change			
			[#]Add			
			[lif.:Remove			
		·	[li]Change			
			E#]Add			
			[#]Remove			
			[#:Change			

D. If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective	date, if other than the date of filing: (optional)
Note: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(but the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	OCTOBER 14 2019.
	7-
	Signature of a member or authorized representative of a member
	Todo J. BROWN Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00