L19000088456

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

Office Use Only



100329002911



HECEIVED

19 MAY -3 PM 12: 02

AND DE CORPORATION

SIZIIA Do

COVER LETTER

TO: Registration Services Division of Con				
SUBJECT: TC	lean Homas - Name of Lin	- MDra, LLC nited Liability Company		
The enclosed Articles of	`Amendment and fec(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Crystal	L, Sturgis Name of Person		
	Iclean H	Ome & 4 More, 1	LC Established	
	2971 Sai	of Charles St.	2819 HV 3	7
	Fort Myor	rs, FL. 33916 City/State and Zip Code		1
	icleanhome: E-mail address:	City/State and Zip Code A Mark Mark & Gray to be used for future annual report notifi	1. Com 5 5	
For further information c	oncerning this matter, please ca			
(Mystal o	L. Sturgis Person	at (<u>407</u>) <u>439</u> 9 Area Code Daytime	393 : Telephone Number	
Enclosed is a check for the	ne following amount:			
\$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**

T Clean Homes 4 N (Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>/ 19000884</u>	mpany were filed on 4/1/19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	_ · cc
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRI	<u></u>	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		or the abbreviation "L.L.C." The state of the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da Zip Code
New Registered Agent's Signature, if changing Registered	City	Zıp Code

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

Title	Name	Address	Type of Action
AMBR_	Crystal L. Sturgis	2971 Saint Charles St Fort Myers, FL 33916	Add
			□ Remove
			☐ Change
			Add
			Remove
)	Change
			Remove 7
		, se	D Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			🗆 Add
			Remove
			☐ Change

	- .							· · · · · · ·		-
•										-
								<u>-</u>	<u></u>	

						··- <u>-</u> ··-				
						-				•
				<u> </u>						-
							- -			-
						-	-	芝 2	2019	•
								23.3	明初	- - ·
					<u> </u>			- 15 - 1	-	
-								<u>되</u> 義	ب	. i
								1. T	シー	,
						<u>-</u> -	_	절()	O.I	•
							-	()***	~	
an effective date [ote: If the da	e, if other than the te is listed, the date must ate inserted in this blo fective date on the De	t be specific an ock does not	nd cannot be meet the a	prior to date pplicable st	of filing or matutory filing	ore than 90 day	(optiona vs after filin ts, this da	ig.) Pursua	int to 605 it be liste	5,020 ed a
record spa The 90th d	pecifies a delayed day after the reco	effective ord is filed	date, bu I.	t not an	effective t	me, at 12	:01 a.m	. on the	earli€	ero
ated May	3	1/)	,2019							
—~ <u>y</u>	_ Nysa	Signature of a	member (o)	authorized i	representative	of a member				
- ~ y	_ Crysta	Signature of a	member 6)	authorized i	representative	of a member				

Page 3 of 3

Filing Fee: \$25.00