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(Requestor's Name)
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(City/State/Zip/Phone #)
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(December 1)
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COVER LETTER

TO: Registration Se Division of Co			
	OVERS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fcc(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ABDI VAZQUEZ SANCI	IEZ	
		Name of Person	
	KLEAN LOVERS LLC		
		Firm/Company	
	4234 CARIBBEAN PINE	ст	
	-	Address	
	MIDLEBURG FL 3206	S	
	abdiesli21@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
ABDI VAZQUEZ SAN	CHEZ	786 3146619	
Name 6	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C	Section	<u>Street Address:</u> Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee. FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2025 JUN 13 PH 3: 11

KLEAN LOVERS 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 I	iability Company	were filed on	and assigned
Florida document number L19000116860			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address if appli	cable:	-	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4234 CARIBBEAN	FPINE CT
		MIDDLEBURG F	L 32068
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		SAME AS ABOVE	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our reco	rds, <u>enter the name of the new registerc</u>
Name of New Registered Agent:	ABDI VAZQU	JEZ SANCHEZ	
New Registered Office Address:	4234 CARIBB	EAN PINE CT	
	-	Enter Florida .	street address
	MIDDLEBUR	G	, Florida
		Cüy	Zip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ABDI VAZQUEZ SANCHEZ	4234 CARIBBEAN PINE CT	□Add
		MIDDLEBURG FL 32068	□Remove
			Change
			□Add
			□Remove
			Change
		·	□Add
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FROM ABDI VAZQUEZ TO ABDI VAZQUEZ SANCHEZ (AM	BR).
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	2025 JUIN
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ective date, if other than the date of filing:	(lenoitae)
effective date is listed, the date must be specific and cannot be prior to date of	
te: If the date inserted in this block does not meet the applicable statu nument's effective date on the Department of State's records.	nory thing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12 s filed.	:01 a.m. on the earlier of: (b) The 90th day after the
s fried.	
ed JUNE 9 2025	

Filing Fee: \$25.00

Typed or printed name of signee