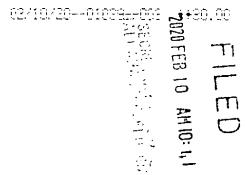
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COVER LETTER

TO:

TO:	Registration Se Division of Co				
SUBJE	CT.	CLEAN	I CLAN LLC		
SUBJE		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	return all correspo	ondence concerning this matter	to the following:		
			JULIO E. LEON	I	
			Name of Person		
			CLEAN CLAN LI	_C	
			Firm/Company		
		80	27 BLUE SAGE	WAY	
	PARKLAND, FL 33076				
City/State and Zip Code					
			Iulio@cleanclan.i		
For furt	ther information of	concerning this matter, please c		тероп пописацоп)	
	JULIO E.	LEON	at (<u>954</u>)	661-7141	
	Name o	of Person	Area Code	Daytime Teleph	ione Number
Enclose	ed is a check for t	he following amount:			
□ \$2:	5,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		<u>Street A</u> Registr	ddress:	
	Division of C	Corporations	Divisio	on of Corporati	
	P.O. Box 632 Tallahassee,			entre of Tallaha I. Monroe Stree	
	i ananassee,	I L 32314	2413 N	a wiomoe stree	a, suite o iv

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CLEAN CI			-	Janar Service	-17
(Name of the Limited (A	Liability Compan Florida Limited L	y as it now appear iability Company)	s on our records.	7)	18	
The Articles of Organization for this Limited Liab Florida document number <u>L19000139655</u>	ility Company v	were filed on <u>N</u>	1ay 24, 201	9	and assign	
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the N/A	ie limited liabi	lity company he	e <u>re</u> :			
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the d	esignation "LLC"	or the al	obreviation "L.L.C	
Enter new principal offices address, if applicab	le:	N/A				
(Principal office address MUST BE A STREET)	ADDRESS)	 				
		875 RIVER				
Enter new mailing address, if applicable:			NOIDE DIN			
(Mailing address MAY BE A POST OFFICE BOX)		UNIT 713				
		CORAL SI	PRINGS, F	L 330)71	
B. If amending the registered agent and/or registered affice address because the new registered office address because the new registered office address because the new registered office address because the new registered of the new registered agent and/or registered agent and/or registered agent and/or registered of the new reg		ddress on our re	ecords, <u>enter t</u>	he nam	ne of the new r	egistered
Name of New Registered Agent:	JULIO	E. LEC	N			
New Registered Office Address:	875 RIV	IERSIDE	DR U	TIV	713	
	CORAL	SPRINGS	Floi	rida	33071	
		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>	<u>Address</u>	Type of Action
<u>AMBR</u>	JULIO E. LEON	8027 BLUE SAGE WAY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		PARKLAND, FL 33076	□Remove
			☆ Change
			□ Add
			□Remove
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			□Remove
			□ Change

Page 2 of 3

	N/A
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	JANUARY 10 . 2020
	Signature of a member or authorized representative of a member
	JULIO E. LEON Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00