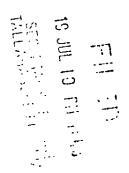
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ect: <u>C</u> Y	eative Clean!	ng fL ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
			Andrea Dorr	
			Name of Person Petile Cleaning Firm/Company	pl
		813	7 Chilton Drih	e
		Orl	Address Address City/State and Zip Code	7836
		in fo (a) E-mail address. (1	City/State and Zip Code Creative - Cleans o be used for future annual report noti	ng.com
For fur	ther information co	oncerning this matter, please ca	ılı:	
_A	ndreg /	Person	at (<u>\$13</u>) <u>382</u> Area Code Daytim	- 5386 ne Telephone Number
Enclos	ed is a check for th	e following amount:		
Æ \$2.	5.00 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

(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 June 17, 2019 and assigned Florida document number <u>L19</u>00015 9508 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 Title Name Address **Type of Action** MGR william Narack 8131 Chilton Drive - Add Orlando, FL 32836 🗷 Remove _□ Change MGR Andrea Dow 8137 Chitton Drite ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove □ Change □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change

). If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	7/9/19
(If an effe <u>Note:</u>	tive date, if other than the date of filing:
f the reco	ord 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 _	7/8/19
	M/M
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00