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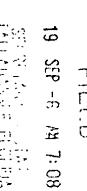
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# **COVER LETTER**

SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are	submitted for filing.	
Pease return all corres	pondence concerning this m	atter to the following:	
	Cassondra Kaulbars		
		Name of Person	
	Clean Lanai, LLC		
		Firm/Company	<del></del>
	26407 Lucky Stone Road #	201	
		Address	
	Bonita Springs, FL 34135		
		City/State and Zip Code	<del>.</del>
	caseykaulbars@gmail.com		
		(to be used for future annual report r	notification)
For further information	concerning this matter, pleas	e call:	
Cassondra Kaulbars		239 826-4211 at ( )	
Name o	of Person		Telephone Number
Enclosed is a check for	the 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 isenclosed)

## MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Clean Lanai, 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 6019/2019 and assigned Florida document number 19000161685 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 containords "Limited Liability Company," the designation "LLC" or the abbreviation "L. 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 nam registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this docubeing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabilit 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 mareager the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Addres</u> s	Type of Action
AMBR	Travis Kaulbars	26407 Lucky Stone Road #201 Bonita Springs, FL 34135	-Add
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		<del></del>	■ Change
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f an eff <b>Note</b> :	tive date, if other fective date is listed, the date inserted and is effective date of	he date must be : I in this block de	specific and ca oes not meet	nnot be prior to	date of filing or r le statutory filin	nore than 90 days	ional) after filing.) Pursuant this date will not be
	cord specifies a c 90th day after t			ut not an eff	ective time, a	at 12:01 a.m.	on the earlier of
Dated	August 26		2019				
Juliu	(8-1-10	red k	Luille	<u> </u>			
					representative o		

Page 3 of 3

Filing Fee: \$25.00