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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	ест: <u>С5 К</u>	Cleanino Name of Limi	Services "LL() led Liability Company	<u> </u>
The en	closed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please	return all correspond	lence concerning this matter (to the following:	
		Ana	Pettay Name of Person	<u>,</u>
		An	a Petter. Firm/Company	
		4130 1	on Ke Bluff D	R
		Mascot	to Florida 3	4753
		ana pettay	hot mail. Com	tation)
For fur	ther information cor	cerning this matter, please ca	all:	
	And P-	ettay Person	at (352) 321 C Area Code Daytime	76 L D Telephone Number
Enclos	ed is a check for the	following amount:		
53. \$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 Come (A Florida Limited	Many as it now appears on our records.) Ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 190001645</u> §	ny were filed on June 24, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7.3.2. 19
(Principal office address MUST BE A STREET ADDRESS)	
	A No.
Enton nonemalling address if annihable.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
priming wanted with the port	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the neere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ana Pettay	4130 Lake bluff dr Hassotte	C⊠ Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of the date of the date of filing of the date of the date of filing of the date of	(optional) or more than 90 days after filing.)	Pursuant	to 605.6
<u>fote:</u> If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	filing requirements, this date v	vill not b	e liste
ocument seriective date on the Department of State 8 feedus.			
e record specifies a delayed effective date, but not an effective	ve time at 12:01 a.m. o	on the e	arlie
The 90th day after the record is filed.	re emile, at 12.01 a.m.		. di 11 C
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Caros rower			
Signature of a member or authorized representa			

Page 3 of 3

Filing Fee: \$25.00