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## **COVER LETTER**

Division of Corporations	
UBJECT: CW CLEANING LLC  Name of Limited Liability Company	
Name of Emilies Clabring Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
_	
ease return all correspondence concerning this matter to the following:	
CARL ANTHONY WILLIAMS Name of Person	
CW CLEANING FLORIDA LLC Firm/Company	
806 LIGHTWOOD COURT Address	
ORANGE PARK FLORIDA 32065 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Name of Person  ARL ANTHONY WILLIAMS  BI (315) 729-5933  Area Code Daytime Telephone Number	-
nclosed is a check for the following amount:	
☐ \$25.00 Filing Fee   S\$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee &	Status &
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C.W CLEANING LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y aş it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L190017381(o</u> .  This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	itu company hera:	
C.W. CLEANING FLORIDA LLC  The new name must be distinguishable and contain the words "Limited Liability		_
	•	
Enter new principal offices address, if applicable:	7. S. 20 20 20 20 20 20 20 20 20 20 20 20 20 2	-
(Principal office address MUST BE A STREET ADDRESS)		_
		-
	Sing to the single sing	
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)	0R	-
	Qm =	•
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:	ldress on our records, <u>enter the name of the new registe</u>	<u>:rec</u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	gistere
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is	

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
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fective date, if other than the date of filing:  meffective date is listed, the date must be specific and cannot be prior to de		onal) r filing.) Pursuant t	o 605.020
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ecord specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b	) The 90th day	after th
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ned FEBRUARY 27 . 2020 .			
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Signature of a member or authorize	<b>△</b>		

Filing Fee: \$25.00