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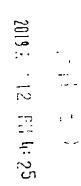
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Amendais

AUG 2 1 2019

I ALBRITTON

### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	he time Cl	eon LLC nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Harol	d Doza Name of Person	• • • • • • • • • • • • • • • • • • •
	<del></del>	Firm/Company	<del></del>
	553 Nbcc	Hand Terroce	2 Blvol
	Orlando One. time	FL 32828 City/State and Zip Code Clector 2019 ( to be used for future annual report notit	agmail con
For further information c	oncerning this matter, please ca	all:	
Harold Name o	Daza of Person	at (407) 44 Area Code Daytime	· 2695 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional 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

One Ti	me Clean I	<u> </u>
( <u>Name of the Limited L</u> (A F	ability Company as it now appears on o lorida Limited Liability Company)	<u>ur records.</u> )
The Articles of Organization for this Limited Liabil Florida document number		$ \cdot \cdot \cdot 9$ and assigned
This amendment is submitted to amend the following	iā:	
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 designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
		<u></u>
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BO.	()	ŢĴ
		72 :
		<u> </u>
B. If amending the registered agent and/or		records, enter the name of the ne
registered agent and/or the new registered office	<u>address here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
_		, Florida Zio Code
No. Designated Agency Circums and Endougling Design	Cuy	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>	Address	Type of Action
<u>JGR</u>	Harold Daza	553 woodland Terrace Blvd. Orlando Fl 32	<b>_¼</b> dd 828 □ Remove
			Change
			🗆 Remove
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			Add
			C Remove
			□ Change

(If an et 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	Aug 7. 2019
	Signature of a member or authorized epresentative of a member
	1 in a set 1
	LISSPHP (limene)

Page 3 of 3

Filing Fee: \$25.00