L19000203492

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LA. 2118/21

COVER LETTER

SUBJECT. FITTER C	CLEAN DONE LLC		
Division of Corporations SUBJECT: FITTER CLEAN DONE LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person INCFILE.COM LLC Finn/Company 17350 STATE HWY 249 SUITE 220 Address HOUSTON TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON at (Area Code Daytime Telephone Number) Enclosed is a check for the following amount: S25.00 Filling Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
	 	Firm/Company	
	17350 STATE HWY 249 S	SUITE 220	
		Address	
	HOUSTON TX 77064		
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	11:	
LOVETTE DOBSON			_
Name o	f Person		Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee			

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

FITTER CLEA	AN DONE LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L19000203492	were filed on	08/09/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2702 SW MA	THESON AVE UN	IT 113-A-2
(Principal office address MUST BE A STREET ADDRESS)	PALM CITY, I	FL 34990	., 4 21
Enter new mailing address, if applicable:	2702 SW MA	THESON AVE UN	
(Mailing address MAY BE A POST OFFICE BOX)	PALM CITY, I	L 34990	
			. U
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address or <u>e</u> :	n our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ľ E	rida street address	
	Enter Pio	rua sireei aaaress	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		zip Code
iven Registered Agent's Signature, it changing Registered Agent:	•		

If Changing Registered Agent, Signature of New 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 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>	<u>Address</u>	Type of Action
AMBR	ERICK EQUILA XAPER	1064 SE 14TH ST	
		STUART, FL 34996	Remove
			Change
			□ Add
			Remove
		24	Change
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□ Remove
			Change
			Add
			Change
			
			□ Remove
			Change

					
					
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ffective data if other t	han the dete of fili	ing.		(optional)	
	e date must be specific a in this block does not	and cannot be prior to t meet the applicable	date of filing or more than	90 days after filing.) Pursuant rements, this date will not	
e record specifies a The 90th day after			an effective time, a	at 12:01 a.m. on the	earlier of
Dated JANUARY 11		2021			
$\overline{}$	10/1	->1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00