# L19000 266 964

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## **COVER LETTER**

Division of Corp		·	
SUBJECT: C/7'S	lan & Paint LC		
SUBJECT. (2/2-2)	Name of Limite	ed Liability Company	
	Amendment and fee(s) are subm		
riease return air correspor	idence concerning his matter to	, the 10110 wing.	
	Regina McDou C6's Clean & h	Name of Person	<del></del>
	C6's Clean & h	Firm/Company	
	Cod79 Lakevi	11- Rd- Address	<u> </u>
	ORlando, Fr	328/8 City/State and Zip Code	
	Cacleanand E-mail address: (to	be used for future annual report noti	fication)
For further information co	oncerning this matter, please cal	1:	
Regina lac Name of	1 Dowell Person	at ( <u>407</u> ) <u>470-9</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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 is enclosed)
Mailing Address	•	Street Address	

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

Street Address:
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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recollability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19002</u> 66964.	were filed on October 2	4,20/9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the πέw name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2019
		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		Γ- ω
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, ente	r the name of the new registered
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street addr	ess
	City F	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	24 0000
thereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, o rovided for in Chapter 605	and I am familiar with and , 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Curtis McDowell	(0279 Lakeville Rd	🗆 <b>Ad</b> d
		ORlando, FL 32818	□Remove
			Change
MGRM	Regina Mciswell	Ce279 Lakeville Rd	□Add
		Ce279 Lakeville Rd ORlando FC 32818	Remove
			Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			Change

# Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated November 35, 2019.
Signature of a member or authorized representative of a member
Resing Wold well Typed or printed name of signee

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Filing Fee: \$25.00