L19000283478

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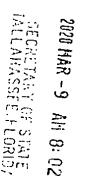


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Registration Section
Division of Corporations TO:

ALL CLEAN PRODUCTS LLC

SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	JESUS CANDAL		
		Name of Person	
	VIDAL & CANDAL LLC		
		Firm/Company	
	6625 MIAMI LAKES DR	STE 373	
		Address	
	Name of Person VIDAL & CANDAL LLC Finm/Company 6625 MIAMI LAKES DR. STE 373 Address MIAMI LAKES FL 33014 City/State and Zip Code JESUSCANDAL@GMAIL.COM E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: DAL Name of Person Area Code \$553-7029 at (
		City/State and Zip Code	
	E-mail address: (to be used for future annual repo	rt notification)
For further information c	oncerning this matter, please ca	all:	
JESUS CANDAL		305	
Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

Δ I I	\sim 1		PRODU	ICTC	110
AII	1.1	FAIN	PRULL	m = 2	116

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida l'illine	a Blackity Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 11/14/2019	and assigned
Florida document number <u>L19000283478</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
MY TRAN	NSCARGO LLC	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		
		750
	្រុក ក្រុ	A I'C
Enter new mailing address, if applicable:		S
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	,i 2
		
agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the name	or the new registere
New Registered Office Address		
	Agent: dress: Enter Florida street address	
	, Florida	<u> </u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, and I am fai s provided for in Chapter 605, F.S. Or, if	miliar with and this document is
If Ch	nanging Registered Agent, Signature of New Regis	tered 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
	 		□Add
			□Remove
			☐ Change
			□Add
			□Remove
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ote: If the date i	nserted in this bl	lock does not n	neet the appli	cable statutor	y filing require	ments, this d	ate will not	be list	ed as
ocument's effecti	ve date on the D	epartment of S	tate s record:	S .					
record specifies a	delaved effectiv	de date but not	an effective	time at 12:01	am on the ea	rlier of: (b)	The 90th o	lav afte	r the
is filed.		• • •				,		•	
FEBRUAF	RY 25		2020						
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