## L19000287223

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## **COVER LETTER**

TO: Registration Se Division of Cor					
Clean N S	hiny				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Yesenia Vazquez Benavides				
		Name of Person	<u> </u>		
	Clean N Shiny LLC				
		Firm/Company			
	79 Camellia St				
		Address			
	Umatilla / Florida / 3278	4			
		City/State and Zip Code	<del> </del>		
	cleannshinyy@gmail.com	to be used for future annual report ne	atification)		
For further information of	concerning this matter, please c		Allications		
Yesenia Vazquez Ben	avides	352 6025659			
Name (	of Person	at () Area Code Dayt	ime Telephone Number		
Enclosed is a check for t	he 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 Addre		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clean N Shiny LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/19/2019 and assigned Florida document number \_ L19000287223 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_

## 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.

City

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
MGR	YESENIA VAZQUEZ BENAVIDES	79 CAMELLIA ST UMATILLA FL 32784	\ Add
			□ Remove
			□Change
AMBR	ELISEO HERNANDEZ JR	79 CAMELLIA ST UMATILLA FL 32784	<b>≡</b> Add
			□Remove
			Change
			□Add
			Remove
			□Change
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record splits filed.	/16/2019	——·—	·		The 90th day after the
ocument record sp	/16/2019	——·—	ive time, at 12:01 a.r		The 90th day after the

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Filing Fee: \$25.00