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| (Reques | tor's Name) | , |
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| (City/Sta | te/Zip/Phone #) | |
| PICK-UP |] WAIT | MAIL |
| (Busines | s Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of S | Status |
| Special Instructions to Filing | Officer: | |
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SECRETARY OF STATE
TALLAHASSEE

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March 27, 2022

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ELISANGELA LANDIN MARCHIONI 3012 MESA VERDE DR. APT 1804 ORLANDO, FL 32837

SUBJECT: EHE SOLUTION & CLEAN LLC

Ref. Number: L19000288968

We have received your document for EHE SOLUTION & CLEAN LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Letter Number: 122A00007132

Yvette Scott Supervisor

www.sunbiz.org

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT: <u>EHE</u> | | & CLEAN LI | <u>.</u> C |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ELISANGE | LA LANDIN N Name of Person | MARCHION I |
| | EHE SOLU | TION & CLEA | m LLC |
| | 3012 MES | A VERDE DR. | 4PT 1804, ORLANDO FL. 3283 |
| | OPLANDO, | FL 32837 City/State and Zip Code | |
| | elmachie E-mail address: (1 | o be used for future annual report notifi | cation) |
| For further information of | oncerning this matter, please ca | atl. | |
| ELISANGEL Name o | A MAPCITION I | | 5. 39.51 Telephone Number |
| Enclosed is a check for the | 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 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 ADTICLES OF ODCANIZATIO

ARTICLES OF ORGANIZATION
OF

EHE SOLUTION LLC.

2022 APR -5 AM 6: 59

SECRETARY OF STATE

FILED

| (Name of the Limited Liability Comp (A Florida Limited | nany as it now appears on our Adceral HASSEE, FL d Liability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Compare Florida document number 11900288968 | ny were filed on and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | ability company here: |
| EHE SOLUTION | LLC |
| The new name must be distinguishable and contain the words "Limited Lia" | ability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 3012 MESA VERDE DR. APT. 1804 ORLANDO, FL 32837 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2012 MESA VERDE DR. AP.T. 1804 ORLANDO, FL 32837 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, enter the name of the new register |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | 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 |
|--------------|--------------|----------|----------------|
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| D. If amend | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: If i | date, if other than the date of filing: |
| If the record specord is filed. | |
| Dated | april 4th 2022. |
| | EDUAR DO CASTELLI FERNANDES Signature of a member or authorized representative of a member |
| | Edvavdo GsTelli Jeun Typed or printed name of signee |

Filing Fee: \$25.00