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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Swept (Clean, LL ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Cas	Sandra (alcagno
		Name of Person N B M av K 6 Firm/Company	_
	7941	NW 3rd	Place
	Plant	NW 3rd 1 Address	33324
	Cass	City/State and Zip Code andra. Calca to be used for future annual report not	agno @ gmail. con
	deerning this matter, please called Va Calcago	alt: 100 at (954) 3/ Area Code Daytin	9 - 3652 ne Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	(\$\footnote{S}\$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:	

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

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

Swept Cle	an, LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	 _
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000</u> 25	were filed on $\frac{12/19/2019}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab KNB Marketing L The new name must be distinguishable and contain the words "Esmited Liabil	LC	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7941 NW 3rd F Plantation, FL	Place 33324
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7941 NW 3rd Plantation, FL	Place - 33324
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	F STA
	, Florida	; 1 1
	City	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Luthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Кетюче
			Change
			□Add
		To the state of th	Remove
			Change
			□Add
			□Remove
			□Change
			□Add

_____ Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
•	
effecti te: If t	date, if other than the date of filing:
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	12/30/2021. Casancha Celean
	Signature of a member or authorized representative of a member
	(assandra alcague