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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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2003/12/2010/03

COVER LETTER

TO: Registration So Division of Con				
SUBJECT:	CLEAN HAN	DS PAINTING LLC		
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Sonia Becerra		
		Name of Person		
		Swyft Filings		
		Firm/Company		
		3 Greenway Plaza #132	20	7.5
Address				 :_: : :::
		Houston, TX 77046		-1 12
		City/State and Zip Code		
sabrinayoung55@yahoo.com				- =
For further information c	in-mail address: (to be used for future annual re	port notification)	თ
Sonia B	ecerra	at (_877	777-0450	
Name o	f Person	Area Code	Daytime Telephone N	umber
Enclosed is a check for the	ne following amount:			
SS \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer (cd) Cer	.00 Filing Fee, rtificate of Status & rtified Copy litional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEAN HANDS F	PAINTING LLC	;	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	05/26/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	esignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	10791	NOE 101H	r 27
(Principal office address MUST BE A STREET ADDRESS)	Ar Co	icy F1 32	612
			<u>~</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our re	ecords, <u>enter the nam</u>	ne of the new registere
Name of New Registered Agent:	wace V	enrella	Your
New Registered Office Address:	Enter Flor	ida street address	7/- 1
Arch	iCV City	Florida	2(1) C

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 = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	DARRELL RICHARDSON	10791 NE 104TH ST	
		ARCHER, FL 32618	X Remove
AMBR	Sabrina Young	10791 NE 104TH ST	EX \dd
		ARCHER, FL 32618	∏Remove
			☐Change
			🗇 Add
			BRemove
			☐ Change
			□Add
			□Remove
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			Remove
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iote: If the dat	if other than the date is is listed, the date must be stee inserted in this block deceive date on the Depart	does not meet tl	he applicable sta	f filing or more that tutory filing requ	(option: 190 days after fili irements, this da	al) ing.) Pursuant to 605. ate will not be liste	.0207 ed as
rooped upositio	es a delayed effective dat	e, but not an ef	fective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day after	the
t is filed.	Daniell Sign	· —	2023 1 /2 /	,			