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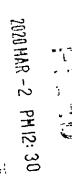
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## **COVER LETTER**

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TO: Registration Section Division of Corporations	
SUBJECT: Top 2 bottom tot Name of Limited	Tal Cleaning IIC.  I Liability Company
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
Kevin Co	Name of Person
<del></del>	Firm/Company
215 No	rwich I
West Palm	Beach Fl 33417  City/State and Zip Code  1 total (Icaning @ Ginail. Com  ie used for future annual report notification)
top 1 bo tow E-mail address: (to b	1 total (100 min (c) Givail.
For further information concerning this matter, please call:	
Kevin Custellano Name of Person	at (501) 013 - 7784  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 ARTICLES OF ORGANIZATION OF

100 2 Rottom total Clean (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L &amp; 00005 2189</u> .	y were filed onOA   .	4 20 and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designati	on "L.I.C" or the abbreviation "L.IC	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		02.0	/A
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	0
			تـــــ تــــــ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new r	ယ egistered
Name of New Registered Agent:			
		-	
New Registered Office Address:	Enter Florida stree	et address	
		Florido	
<del></del>	City	, Florida 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>	Name	Address	Type of Action
mgR	Kevin Castellano	215 Norwich I	🗹 Add
		West Palm Beach Fl 3341	7 □Remove
			□Change
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ote: If the date insert	er than the date of f d, the date must be specificated in this block does r late on the Department	not meet the applica	able statutory filing	(option re than 90 days after for requirements, this	nal) iling.) Pursuant to 605.020' date will not be listed as
record specifies a dela is filed.	ayed effective date, but	not an effective tir	me, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after the
ated Fe basic	24	_, 2020	_ ·		
	<u> </u>				
Ken (	////	>		f a member	

Filing Fee: \$25.00