## L200000 69545

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C Kinsey

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Purified Clear Name of L	ning 3 Janitori	ial Service LLC
The enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
JaTier	A Hawkins Name of Person	<del></del>
Purified C	leaning 3 Janitor	rial Service LLC
_23 W Ser	minole Ave Apt.	<u>A</u>
Lake Wald Purified Cle E-mail address	City/State and Zip Code  Coning 20@ ama  ii (to be used for future annual report noti	il Com
For further information concerning this matter, please		
JaTiera Hawkins Name of Person	at ( <u>863</u> ) <u>605</u> . Area Code Daytim	T314 e 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 & 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 Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Durified Cleaning 3 Jantorial Service 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 C		13/02/202	_O a	and assig	gned
Florida document number <u>L20060069545</u>	<u>)</u> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company b	<u>iere</u> :			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or t	he abbrevia	tion "L.L	<u>.c.</u> "
Enter new principal offices address, if applicable:			A S	2020	•व्यक्तिः *
(Principal office address MUST BE A STREET ADDI	RESS)		r-f	AR	11
			==;	9	
				뫔	<u> </u>
Enter new mailing address, if applicable:		<u> </u>		ယ္ _	- <del> </del>
(Mailing address MAY BE A POST OFFICE BOX)				ည်	<del></del>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:					
Neg. Neg. Neg. Neg. Neg. Neg. Neg. Neg.	Enter Florida street address				
		Florid	a	o Code	
	City		Zij	) Code	
New Registered Agent's Signature, if changing Registere					
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and of accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance o igent as provided for in ed office address. I her	of my duties, and I Chapter 605, F.S.	am famil. Or, if thi	iar witt is docu	h and ment is
	If Changing Registered .	Agent, Signature of Ne	w Registere	ed Agent	<del></del>

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	JaTiera Hawkins	23 W Seminole Ave Apl A Madd		
		Lake Wales Fl , 33853	□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
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fan effective o Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 600 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list effective date on the Department of State's records.	5.02 ted
record spec d is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er th
Dated $M$		
	Signature of a member or authorized representative of a member	
	Ronard Wikey Gr Typed or printed name of signee	

Filing Fee: \$25.00