(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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(Document Number)
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

FO: Registration So Division of Co				
SUBJECT:	Cleanine Name of Limi	ess Habits United Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
	Fredelin	R Angrand Name of Person		
	<del></del>	Firm/Company		19
	<u>1330 we</u>	at Avenue 1512		NY -7
	·	ach Florida  City/State and Zip Code  afrea a grace of the control	33139 cm	19 HAY -7 AHTT: 02
For further information (	E-mail address: (t concerning this matter, please ca	-	ication)	
Fredel in	ne Myrand	at (305) 399 Area Code Daytime	5552 e Telephone Number	
Enclosed is a check for t	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 Sta Certified Copy (additional copy is er	tus &
Mailing Addre Registration		Street Address: Registration Sec	ction	
_	Corporations	Division of Cor The Centre of T		
1.O. DOX 03.	ا ث	THE CHILL OF I	arranassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Cleanliness Hab	oits. UC.	<u>-</u>
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
. The Articles of Organization for this Limited Liability Company were fi	iled on 3 4 20 and	assigned T
Florida document number 200 000 71677.		圣说
This amendment is submitted to amend the following:		1702 Thur
A. If amending name, enter the new name of the limited liability co	ompany here:	1
The new name must be distinguishable and contain the words "Limited Liability Com	npany," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	<u></u> .	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, <u>enter the name of the </u>	new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
Cii	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	in Exp Co.	
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performance.		

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MCR	Fredeline Angrand	1330 west Avenue Apt 1512	[2/Add
			□Remove
			□Change
CEO	Fredeline Angrand	1330 west prenue Apt 15A	🗆 Add
			Tremove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
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Note:	ive date, if other than the date of filing:
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	5/4/20.
	- Ayobro
	Typed or printed name of signee
	Typed or printed name of signee