120000 911607

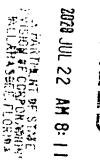
| (Requestor's Name) | |
|---|------|
| | |
| (Address) | |
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| | |
| PICK-UP WAIT | /AIL |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Ontification of Out to | |
| Certified Copies Certificates of Status | |
| | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |
| | |
| • | |

Office Use Only



600347752256

RECEIVED
JUL 2 2 2020



SEP 0 8 2020 S. YOU'NG

MICHAEL HANNA

Certified Sanitized LLC

July 17, 2020

Certified Sanitized 3325 US hwy 19 Holiday, Fl 34691

This letter is to inform that Michael Burke is no longer part of the company.

Sincerely yours,

Michael Hanna

COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|---|------------------------------|----------------|
| CHILD IT CT. | Ce | rtified Sanitizer IIc | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Michael | Hanna | | |
| | | Name of Person | | |
| | Certified Sanitized | | | |
| | | Firm/Company | | |
| | 3325 US Hwy 19 | | | |
| | | Address | | |
| | Holiday, Fl 34691 | | | |
| | | City/State and Zip Code | | • |
| | Michael@certifiedsanitizec | | | |
| For further information c | E-mail address: (concerning this matter, please c | to be used for future annual reall: | рон пописанов) | |
| Micl | nael Hanna | 727 at () | 460-6462 | |
| Name o | f Person | Area Code | Daytime Telephone Number | - |
| Enclosed is a check for t | he following amount: | | | |
| \$25,00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclo | Certifica (Sed) Certified | te of Status & |
| Mailing Addres | | Street Add | | |
| Registration Division of C | | _ | tion Section of Corporations | |
| P.O. Box 632 | 27 | The Cent | tre of Tallahassee | |
| Tallahassee, | FL 32314 | 2415 N. | Monroe Street, Suite 8 | HU |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-3

| Certified Sanitized LLC | | | 200 |
|--|--|--------------------------|--|
| (<u>Name of the Limited 1</u> (A F | iability Company as it now appear forida Limited Liability Company) | s on our records.) | F 1 |
| The Articles of Organization for this Limited Liabil Florida document number L20000091667 | | 3/27/2020 | 22 and assigned assi |
| This amendment is submitted to amend the following | ng: | | The second secon |
| A. If amending name, enter the new name of the | e limited liability company he | <u>ere</u> : | |
| | | | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the d | esignation "LLC" or | the abbreviation "L.I.,C." |
| Enter new principal offices address, if applicable | <u> </u> | | |
| (Principal office address MUST BE A STREET A | DDRESS) | . <u> </u> | |
| | | | · · · |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | | |
| | | | |
| B. If amending the registered agent and/or regis agent and/or the new registered office address he | tered office address on our re ere: | ecords, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| - | Enter Flori | ida street address | |
| | | Florid | |
| | 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|-----------------------------------|----------------|
| AMBR | Michael Burke | 3325 US Hwy 19, Holiday, FI 34691 | □Add |
| | | | ■Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |

Page 2 of 3

| F | For section D of Amendment form: Tax ID number 850567007 |
|--------------------|--|
| _ | |
| - | |
| - | |
| _ | |
| _ | |
| | |
| - | |
| _ | |
| _ | |
| _ | |
| | |
| _ | |
| - | |
| - | |
| | |
| _ | |
| - | |
| _ | |
| | |
| effe <u>te:</u> | ve date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed. |
| cd _ | 7-14-2020 |
| | \mathcal{N}_{-} |

Page 3 of 3