120000099783

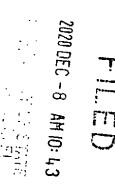
(Re	questor's Name)	
(Âd	dress)	
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(Do	ocument Number)	
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[20,00]

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ontaminat Name of Limi	ion Reset	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Timoth	Name of Person	inger
	Conto	rmination K	Leset LLC
	5730		iney Hwy
	Orland	lo FL 32(207
	E-mail address: (1	Contamina to be used for future annual report notif	tionreset. Com
For further information c	oncerning this matter, please co	all:	
Name o	Linger	at (<u>321)</u> 356 Area Code Daytime	- 9229 Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30,00 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 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

(Name of the Limited Liability Company	as it now appears on our records	LLC.
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	7,
The Articles of Organization for this Limited Liability Company w	rere filed on <u>04/08/</u>	2020 and assigned
Florida document number <u>L2000099783</u> .	• •	-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Contamination	Reset, LLC	
The new name must be distinguishable and contain the words "Limited Liability	rCompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		ω :
Enter new mailing address, if applicable:	<u> </u>	=
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		•
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter	the name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	rmer r tortaa street aaaress	;
	, Flo	orida Zip Code
Nam Designand Assault, Company of shounding Designand Assault	Cuy	гф слас
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		
accept the obligations of my position as registered agent as pr		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Re nove
			□ CHange □ T
			- QAdd FF
			DRemove
			
			🖸 Add
			□Remove
			□Add
			TRemove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
Just for	clarification: there is
a typo in	the Articles of Organization
He filed. T	he name of the
company was	mistakenly written as
"Decontaminati	on Reset, LLC." The name
of the cor	rpany is supposed to
be - and we	would like to change
to - "Contami	nation Reset LLC." Wi
would like a	11 documents to reflect ?
the name	"Contamination Reset, LLC."
	. &
	
E. Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and	:(optional) eannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 kb
Note: If the date inserted in this block does not medocument's effective date on the Department of S	eet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not record is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated November 13th.	2020
Signature of a r	nember of authorized epresentative of a member
1/moth	Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00