L20000111545

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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2024 OCT -

A. RAMSEY OCT 1/5 2024

COVER LETTER

Division of Corporations
SUBJECT: CHAY CHAN CONTING SYSTEMS LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
LUCY LUCO Name of Person
Char Spot Cleaning Systems LLC.
510 Whiskey Creek Ct.
City/State and Zip Code
E-mail address: (to be Jised for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$ \tag{\text{Certified Copy}}\$ \$\text{Certified Copy}\$ \$\text{(additional copy is enclosed)}\$ \$\text{Certified Copy}\$ \$\text{(additional copy is enclosed)}\$

Mailing Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallanassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Clear Spot Cleaning	a Sustems 2221 OCT -1 PM12 40
(Name of the Limited Liability C (A Florida Lin	Cy Systems 20124 UCI -1 PM 12 40 Company asht now appears on our records. CARY OF STATE mited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{C4/24/3620}{}$ and assigned
Florida document number <u>L. 20000111545</u> .	'
Pais amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, FloridaZip Code
	gent:

3

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>	<u>Name</u>	Address	Type of Action
AMBR	Miguel Gomez	510 Whiskey Creek Ct	
	ŕ	Ocoee 71 34761	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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