# L20 000 129749

(Re	equestor's Name)	
(Ád	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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Amena		

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#### **COVER LETTER**

	Name of Li	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
	Callie Tempest Jones		
		Name of Person	
	BRUNSON CHANDLER	R & JONES, PLLC	
		Firm/Company	<del></del>
	175 South Main Street, St	uite 1410	
		Address	<del></del>
	Salt Lake City, UT 84111		
		City/State and Zip Code	<del> </del>
	Callie@bcjlaw.com		
	E-mail address:	to be used for future annual report not	ification)
For further information c	oncerning this matter, please o	alt:	
Callie Tempest Jones		801 303-5721 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e 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

TO:

**Registration Section Division of Corporations** 

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

## SIX LOG CLEANING & SANITIZING 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 Company were filed on and assigned L20000128749 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

\_, Florida \_\_\_

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	Altitude International Holdings, Inc.	4500 SE PINE VALLEY STREET	<b>≣</b> ∧dd
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Note:	ive date, if other than the date of filing:
If the record is f	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	7/12/2022
	Signature of a member of authorized representative of a member
	Signature of a member of audiorned representative with a member of

Filing Fee: \$25.00