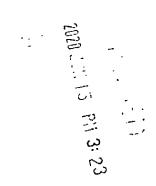
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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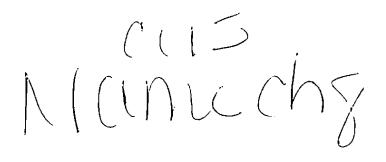


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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Med-Clean Pro LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony Clark II Name of Person
Custodial Services LLC Firm/Company
917 SE16th PL Address
Cape Coral, FL 33990  City/State and Zip Code
medclean Dro Vano. (om E-mail address: (to be used for figure annual report notification)
For further information concerning this matter, please call:
Anthony Clark  at (239) 384-4510  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

Custodial Ser	VICES LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number 85-103896	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the Med-Clean Pro LLC. The new name must be distinguishable and contain the words	e limited liability company here:  "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.)	x) 2
	من المحافظة stered office address on our records, <u>enter the name of the new registere</u>
agent and/or the new registered office address h	<u>ere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<u> </u>	Change
			□Remove
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ctive date, if ot	her than the date of fi ed, the date must be specific	ling:	data of filing or mor	options  (options	al) ng Mursuant to 605.02
e: If the date inso	erted in this block does n	ot meet the applicab	le statutory filing i	equirements, this da	ite will not be listed
iment's effective	date on the Department	of State's records.			
ord specifies a de	clayed effective date, but	not an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
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	Signature of	of a member or author	ized representative o	a member	
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