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(R	lequestor's Name)	
(A	ddress)	
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(C	city/State/Zip/Phone #	<u> </u>
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)
(C	Pocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer:	

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TO: Registration Section Division of Corpor			
SUBJECT:	Clean Ge	erm Busters, LL ted Liability Company	C
	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde		<u> </u>	
		uin CALL	
	<i></i>	Name of Person	
	Floring	Firm/Company	lants, hh c
	7113 Tim	Ser Pedze Wu Address	7
	Land Ol	City/State and Zin Code	437
-	DAVIN	@ WAVFL, COME o be used for future annual report notifi	
For further information conc	erning this matter, please ca	ill:	
Name of Pe	GAUL	at (541) 812- 2	2363 Telephone Number
name of re	CSOII	Area Code Praytime	reference Numer
Enclosed is a check for the fo	ollowing 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:	tion	Street Address:	st
Registration Sec Division of Corp		Registration Sectorial Division of Corp	
P.O. Box 6327		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION OF

Clean Germ Busters, HC 25 1" 7:06
(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 $\frac{\zeta}{l}$ and assigned
Florida document number <u>L20000 1G1 0.57</u>
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
, Florida, 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 2 17 25 7:36	Type of Action
MGR	Stephen Collective	, 21315 Sky U1574 Dr.	□Add
	Lhc	, 21315 Sky U1574 Dr. Land Ohalis, Fe	XIRemove
		34637	
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(If an effe	ve date, if other than the date of filing:
he record ord is file	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 ed.
Dated	August 21 , 2020.
	Signature of a member or authorized representative of a member
	Torquiro Grace Typed or printed name of signee