L20000 171226

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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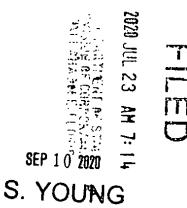


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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Co			
SUB IE	Industrial C	Cleaning Enterprise		
SUBJEC	31: <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Damien Chevallier		
			Name of Person	
		Industrial Cleaning Enterp	rise	
			Firm/Company	
		1629 SW 4th St apt 10		
			Address	
		Miami, FL 33135		
			City/State and Zip Code	
		damienc87@gmail.com	16.6.	
,			to be used for future annual report no	mncation)
For furth	er information of	concerning this matter, please c	ali:	
Damien	Chevallier		786 362-3848 at ()	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for t	he following amount:		
□ S2 5.	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		Street Address: Registration S	ection
	Division of C		Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	•	Jr	جي
Industrial Cleaning Enterprise			T T
(Name of the Limite	d Liability Comp	any as it now appears on our records.)	30 m N
(A Florida Limited	(Liability Company)	- (1) ω i-η
	ability Compan	y were filed on <u>06/24/2020</u>	and assigned
Florida document number L20000171226			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) of Organization for this Limited Liability Company were filed on 06/24/2020 and assigned ment number 1.20000171226 ent is submitted to amend the following: ing name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." rincipal offices address, if applicable: N/A fice address MUST BE A STREET ADDRESS) atiling address, if applicable: N/A N/A ing the registered agent and/or registered office address on our records, enter the name of the new registered the new registered office address here: ne of New Registered Agent: N/A		
N/A			
The new name must be distinguishable and contain the we	ords "Limited Liab	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	N/A	
(Principal office address MUST RF A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	_
(Mailing address MAY BE A POST OFFICE I	3 <i>Ο</i> λ)		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, enter the r	name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	<u> </u>
		, Florida	
		, Fiorida , Fiorida	Zip Code
N. B. L			··••

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

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>	Name	Address	Type of Action
AMBR	Damien Chevallier	1629 SW 4th St Apt 10 Miami, FL 33135	≘ Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the	07/20/2020		(optional)	
f an effective date is listed, the date mus	st be specific and cannot be prior	to date of filing or more tha	n 90 days after filing.) Pursuant to 6	05.0207 (
Note: If the date inserted in this bl document's effective date on the D			irements, this date will not be h	sted as t
		me at 12:01 a.m. on the	earlier of: (b) The 90th day af	S
record specifies a delayed effective	e date, but not an effective ti	ine, at 12.01 u.m. on the	, , , , , , , , , , , , , , , , , , , ,	ter the
e record specifies a delayed effectived is filed.	e date, but not an effective ti	ine, at the vi unit. On the	, , , , , , , , , , , , , , , , , , , ,	ter the
e record specifies a delayed effectived is filed. Dated July 20			, , , , , , , , , , , , , , , , , , , ,	ter the
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d is filed.		·		ter the

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