

L20000178113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800348941568

07/27/20--01019--015 **25.00

RECEIVED

JUL 22 2020

DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAX
TALLAHASSEE, FLORIDA

2020 SEP 24 PM 5:24

FILED

SEP 28 2020

S. YOUNG



2020 09 04 11:08:52

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2020

ASHLY MAE GUERMACCINI
AT CAUSE LAW OFFICE, PLLC
1555 MISTY PLATEAU TRAIL
CLEARWATER, FL 33765

SUBJECT: KLEAN SOLUTIONS USA, LLC
Ref. Number: L20000178113

We have received your document for KLEAN SOLUTIONS USA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 3 OF 3 MISSING (LAST PAGE MISSING)

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young
Regulatory Specialist II

Letter Number: 320A00017054

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Klean Solutions USA, 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:

Ashly Cuernacini
Name of Person

Klean Solutions, USA, LLC
Firm/Company

1555 Misty Plateau Trail
Address

Clearwater FL 33765
City, State and Zip Code

ashly@ofcouselaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashly Cuernacini at (727) 314-6587
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following 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:
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**

Klean Solutions USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 SEP 24 PM 5:24
CLERK OF CIRCUIT COURT
HILLSBOROUGH COUNTY
TAMPA, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June, 25, 2020 and assigned

Florida document number L20000178113

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 "L.L.C."

Enter new principal offices address, if applicable:

1555 Misty Plateau Trail

(Principal office address MUST BE A STREET ADDRESS)

Clearwater, Florida 33765

Enter new mailing address, if applicable:

1555 Misty Plateau Trail

(Mailing address MAY BE A POST OFFICE BOX)

Clearwater, Florida 33765

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 _____

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

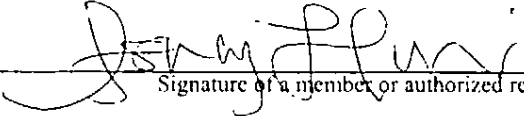
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September 21, 2020



Signature of a member or authorized representative of a member

Ashly Guernaccini

Typed or printed name of signee