LZ0000196627

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COVER LETTER

Division of C	Section Corporations		
ORGA	NIC DISINFECTION LLC - BU	SINESS NAME CHANGE	
SUBJECT:			
	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	SELIM ALPMEN		
		Name of Person	
	ORGANIC DISINFECT	ION LLC	2020 SEP
		Firm/Company	SE
	2090 KEYSTONE BLVI	• •	(A)
		Address	
	NORTH MIAMI, FL 331	81	PH 3: 15
	SALPMEN@GMAIL.CO	City/State and Zip Code	ž·
	E-mail address:	(to be used for future annual report notif	fication)
For further information SELIM ALPMEN	n concerning this matter, please of		
		,	
Name	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	r 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 Addr		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Florida document number	
The Articles of Organization for this Limited Liability Company were filed on L20000196627 This is a large of the company were filed on	7/09/2020 and assign
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	ere:
EFES LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:	E1 80
(Principal office address MUST BE A STREET ADDRESS)	ברי 20
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	ς: ο Γ
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
munity universe MAT BE AT OST OFFICE BOX)	<u> </u>
	<u> </u>

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, 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
			□Add
			□ Remove
		<u></u>	□Change
			Remove Change Cha
			Remove Change Ch
			Change
			□ Add
			□Remove
			□ Change
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			□Remove
			□Change

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