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SECRETARY OF STATE
SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Se Division of Cor		<i>*</i>	
SUBJECT: <u>CLe</u>	ANCE THEN K Name of Lin	LEAN LLC.	<del></del> _
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Muchelle	L. MCPlatt Name of Person	
	<del></del>	Firm/Company	
	880 Bucc	ANEEL Blvd.	
		AVON Horida City/State and Zip Code	33880
	Cleaver Then K E-mail address: (	Loan //C & C nai/. to be used for future annual report noti	COM ·
For further information c	oncerning this matter, please c		/
1) ichelle L	y) ICP/a++	at (863) 797-0	9968
Name o	i i cison	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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

Leaner Then Kle	AN LLC.		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2000 2040 25</u>		1 (7/14/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit  CLEANER THAN CLEAN //C	-		
The new name must be distinguishable and contain the words "Limi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR	ted Liability Company," the designation	0.4	riation "L.1C." Vol. Lida 33880
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		\$6018)	300
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,		Fthe new registered
Name of New Registered Agent:	<del>.</del>		
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, 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
Authorized	Myran B. Cook	880 Buccaveer Blvd	Endd
Representation	, o	880 BUCCANEER Blvd Winter HAVEN HORIDA	□Remove
		33880	□Change
	Chedrick Rashmed 19	PLATE 880 BUCCANEER Blvd.	□Add
		Platt 880 Buccaveer Blvd. Winter Havan Honida	FRemove
		33880	□Change
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rote.	re date, if other than the date of filing: 3/5/2024 (optional)  citive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
record d 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 d.
Yate of	<u> </u>
Dated _	
Dated _	
Dated _	Signature of a member or authorized representative of a member  Michelle L. McPlat  Typed or printed name of signee