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COVER LETTER

SUBJECT: MYSTIC N	Clean Se ame of Limited Liability Compan	Disinfec	ting LC
The enclosed Articles of Amendment and feet Please return all correspondence concerning the	-		
Adria	Name of Person	<u> </u>	
Mysti	C Cleanse Firm/Company		stingll
3062	NW 94th Address	the .	
Coro	SPrings, City/State and Zip to DWNE 0809 & Laddress: (to be used for future and	FL 3306 Code Comail Conail Con	com
For further information concerning this matter	r. please call:		
Adrian Browne Name of Person	at (<u>786</u> Area Code) 356–56 Daytime Telepho	one Number
Enclosed is a check for the following amount:	:		
□ \$25.00 Filing Fee		ру	\$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

Registration Section Division of Corporations

TO:

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

company has been notified in writing of this change.

Mystic Cleans (Name of the Limited Liability Comp. (A Florida Limited)	ny as it now appears on Liability Company)	ecting LLC
The Articles of Organization for this Limited Liability Company Florida document number 12000210628	were filed on 07	15 20 20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	414	2021
(Principal office address MUST BE A STREET ADDRESS)		3_1
		ω [
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida s	rvet address
		Florida Zw Code
New Registered Agent's Signature, if changing Registered Agent:	,	Zıp Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capa	city. I further agree to comply with the luties, 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

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>	Address	Type of Action
MUR	Kareen Browne	Coral Strings, FL33	🗆 Add
		Caral Strings, FL33	CS Remove
			Change
AMBR	Adrian Browne	3062 NW 94th Ne	Æ∫Add
		Coral Springs, FL 33e 6.5	□Remove
			□Change
			□Add ,
			Remove
			Z020 NOV 3 Change D Add
		. ਨ ਸਵਾ ਵਿਜ਼	
			🗀 Remove
			□Change
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			Change
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			□Remove
			□Change

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