LZO 000217000

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COVER LETTER

Division of Cor	porations		
SUBJECT: Askan C	lean & Desinfection LL0		
			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jairo Musikka		
		Name of Person	
	Askan Clean & Desi	nfection LLC	
	Askan Clean & Desinfection LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: Jairo Musikka		
	2410 NW 168th stre	et	
		Address	
	Miami Gardens FL 3	3056	
		City/State and Zip Code	<u> </u>
		·	ation)
For further information co	oncerning this matter, please ca	ill:	
Jairo Musikka		u . \	
Name of	Person	Area Code Daytime T	Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Askan Clean & Desinfection (Name of the Limite)		any as it now appears on o Liability Company)	our records.)
The Articles of Organization for this Limited Lia Florida document number L20000217000 This amendment is submitted to amend the followard for the new name of the new name of the new name must be distinguishable and contain the work.	ability Company	y were filed on	assigned
This amendment is submitted to amend the follo	wing:		LET 28 P
A. If amending name, enter the new name of	the limited liab	bility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the designa	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica		2410 NW 168th	
(Principal office address MUST BE A STREE)	T <u>ADDRESS)</u>	Miami Gardens	FL 33056
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	8 <i>0X</i>)	2410 NW 168th	street
· · · · · · · · · · · · · · · · · · ·		Miami Gardens	FL 33056
B. If amending the registered agent and/o registered agent and/or the new registered off			records, enter the name of the new
Name of New Registered Agent:	Registered	Agents Inc.	
New Registered Office Address:	7901 4th S	t N STE 300 Enter Florida str	reet address
	St. Petersb	oura	Election 33702

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
AMB	Alejandro zambrano	2410NW 168th Sreet	
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			☐ Remove
			Change
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Filing Fee: \$25.00