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1		INC.		66th Avenue. Tallahassee, Florida 32303 66) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666			
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1.		SATURDAY MORNING CLEAN LLC (CORPORATE NAME AND DOCUMENT #)					
2.		(CORPORATE NAME	AND DOCUMENT #)				
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COVER LETTER

Division of Corpo							
SUBJECT: SOAL	WCM Mornin	19 Chan LLC ediability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:							
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	Josmine	PLNNETT Name of Person					
	SOLUTION MUYNING CHEAN LC						
301 Caravan Eincle, Apt 207							
Jacksonville, FL 322/10 City/State and Zip Code							
	JOSMINE TO B-mail address: (7)	SALVA ON MOY NO be used for future annual report notific	CHAN COM				
For further information con	ncerning this matter, please ca	11:					
JOSMING BE	nnett	at 504 344 C	5500 Telephone Number				
Name of	rason	Aut Cout Daymin	Telephone Number				
Enclosed is a check for the	following amount:						
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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. Morroe Street, Suite 810 Tallabassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ALOUS 13, 2020 and assigned Florida document number 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Zio 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 documentis 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 Address <u>Title</u> **Name** Type of Action JOSMINE BENNEH 201 CAVAVAN CIYCLE Apt 201 BADO JACKSVIVIIIE, FL322112 OREMOVE Ann Berry 301 CAVAVAN CIVCLE, APT 2070 Add JACKSWYIIIE, FL 322110 HAREMOVE __ DChange 7.020 Remove _ DChange _ DRemove _ 🗆 Change Remove

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record : d is filed	specifies a delayed effective date, but i.	not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	r the
Dated _		, 2020 A	<u>)</u> .			
		5	orized representative of	of a member		
	JOSMINE	Hann.	04.1			

Filing Fee: \$25.00