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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		,	
SUBJECT:	OSTRIGI Cleania Name of Lin	a & Sanitizing itel Liability Company	LLC	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jessica Y	Natheson Name of Person	 	
	_lndustrial	Cleaning & sonit	izing LLC	
	6903	Loris Lane		
	<u>Jackson</u>	Clauser and Charles	222 E	2021
	1100strig	Chystale and zip Code Lobe used for futile annual report not	mail.com	SFP
For further information ed	oncerning this matter, please c		(a)	
Jessica M	Gheson	at (<u>904</u>) <u>314</u> Area Code Daytin	\$087 The Telephone Number	PH 7. 00
Enclosed is a check for th	se following amount:			
X \$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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of T	rporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Industrial Cleaning	ላ	
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>Sept 10,20</u>	2 and assigned
This amendment is submitted to amend the following:		;
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Linn	nted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 SEP SECALE 1 TALL/
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our records, <u>enter the</u>	3
Name of New Registered Agent:	- 	29
New Registered Office Address:	Enter Florida street address	
	, Florid	
	Сіцу	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
AR	William Green		□ Add
			□Remove
			⊠ Change
MGR	Jessica Matheon		□Add
			□Remove
			∠ Change
			□ Add
		-	
		A-T-18 LV-L1_U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-	S Charles
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f an effective da Note: If the c	ate is listed, the di date inserted in	in the date of filing ate must be specific and this block does not the Department of	d cannot be prior to meet the applicab	date of filing or mor	e than 90 days after fi	nal) ling.) Pursuant to	605.0207 listed as
e record speci ed is filed.	fies a delayed e	ffective date, but no	t an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day a	ifter the
Dated <u>Se</u>	pt lo	Jessia_	. 2021 Ma				_
		 Signature of a 	member or authori:	zed representative o	a member		
		ţ	Typed or printed	•			

Filing Fee: \$25.00