## h21000083424

(Rec	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	Christines (	Clean Team LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	×
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Tina Fischer		
			Name of Person	
		Fletcher Fischer Pollack P.	da.	
			Firm/Company	
		433 Central Ave, Suite 400	()	
			Address	
		St. Petersburg, FL 33701		
		tfischer@ffplegal.com	City/State and Zip Code	
		E-mail address: (	(to be used for future annual report notification)	
		oncerning this matter, please co		
Tina I	Fischer		813 898-2828	
	Name o	f Person	at ()	
Enclos	sed is a check for th	ne following amount:		
<b>≡</b> \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	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

christines Cle	an Team LLC
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number 121000083424	vere filed on February 18, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Christine & Co. Cleaning LLC	
The new name must be distinguishable and contain the words "Limited Liability	· · ·
Enter new principal offices address, if applicable:	707
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	SSER D
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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>	<u>Address</u>	Type of Action
			□Add
			Remove
			☐Change
		□Add	
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	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
rd is fi	
Dated	March 4 2021  Livia M. Livia  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a memoer of authorized representative of a memoer
	Tina Fischer