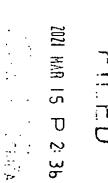
LZ10000 83455

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



900361523399

03/15/21--01044--005 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EBN Squeaty Clean UC Name of Limited Liability Company	
The enclosed Articles of Amendment and feets) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Erwinette Perez Santos	
E & N Squeaty Clean UC	
1825 James Madison Ct.	
Jacksonville Fl. 3222.1 City/State and Zip Code	
E-mail address: (to be used for fugure annual report notification)	
For further information concerning this matter, please call:	
Erwine He Perez Suntos at (904) 349-0579 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
★ 525.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Q ₃
Mailing Address: Street Address:	コニカフ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EJN Sque	ecky Clean UC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) inited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L21000083455</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(maining anarysis initially)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
·	Florida
Name Danistarad Agant's Signatura if shunging Dagistarad	City Zip Code
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the applete performance of my duties, and I am familiar with and out as provided for in Chapter 605, F.S. Or, if this document to office address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Erwinette Perez Santos	1825 James Madison Ct.	_ ŻAdd
		Jacksonville Fl. 32221	□Remove
			ElChange
MGR	Elyhana L. Perez Steven	son 1825 James Madison	Ctandd
		Jackson VILLE Fl. 32221	□Remove
			DChange
			_ 🗆 Add
			_ □Remove
			□Change
 			□Add
			□Remove
			_ Change
		·	_ 至, dd
			- Remove
			_GChange
		÷.	ு □Add
			_ □Remove
			_ □Change

		_			
				<u></u>	
-					
			<u>-</u>		
		_		···-	
			-		
ote: If the date inse	her than the date of f ed, the date must be specific crited in this block does r date on the Department	not meet the applicable:	te of filing or more than 90 statutory filing requirem	(optional) days after filing.) Burst ents, this date will i	iant (20)5.0207 ot bested as
ecord specifies a de is filed.	layed effective date, but	t not an effective time, a	at 12:01 a.m. on the earli	'	day after the
ted <u>Ma</u>	erch 9th	2021			ئ ن
			representative of a member	_	

Filing Fee: \$25.00