Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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From:				- 1467 W
		: TRANSAMERICA ACCOUNTS	ING & SERVICES	
	Phone	: (239)274-8290		日本 わ
	Fax Number	: (239)415-7373		: 24 115, 115,
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F	il Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLEAN N'SHINE WORKS LLC

1021 AUG -3 AH II: OL LVILIANASSEE, PLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CLEAN N'SHINE W		
Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) xi Liability Company))
The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000112359</u>	ny were filed on 03/08/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
,		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		75. 20
		021 AI
Enter new mailing address, if applicable:		5 5 17
(Mailing address MAY BE A POST OFFICE BOX)		υ (Γ
	<u> </u>	
B. If amending the registered agent and/or registered office	e address on our records, enter th	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	·	
New Registered Office Additions.	Enter Florida street address	
	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>	

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>	Name	<u>Address</u>	Type of Action
MGRM	ANELISE MAFRA	3209 ANTICA ST	
		FORT MYERS, FL 33905	□Remove
			Change
			□Add
			□Remove
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AUGUST 2		2021				
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