LZ1 000218020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Simon Pullay			
		Name of Person		
	Pro Clean & Unlimited L.	L.C.		
		Firm/Company		
	126 Lindenwood Ct.			
		Address	-	
	Kissimmee, FL, 34743			
		City/State and Zip Code		
	simonpullay@gmail.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Simon Pullay		407 931-6176 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$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 Addres		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of T	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Clean & Unlimited L.L.C.	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on May 10, 2021	and assigned
Florida document number 1.21000218020	
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	he abbreviation "L.L.C."
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)	
	n.:
B. If amending the registered agent and/or registered office address on our records, enter the r	name of the new regist
gent and/or the new registered office address here:	1:1
	<u>~</u>
Name of New Registered Agent:	
	-0 -22
New Registered Office Address: Enter Florida street address	<u>;</u>
	0.00
, Florida	Zin Code
Circ	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>	Address	Type of Action
AR	Simon Pullay	126 Lindenwood Ct. Kissimmee FL. 34743	
			Remove
			□ Change
AMBR	Wellimah Pullay	126 Lindenwood Ct. Kissimmee FL. 34743	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
e recore ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	June 15 2021 Wellich Pullay
	Welling well ay Signature of a member or authorized representative of a member
	Welliman Pullay Typed or printed name of signee