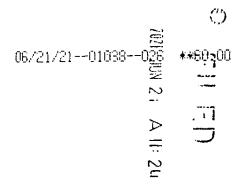


	(Requestor's Name)	
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PICK-U	P WAIT	MAIL
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Certified Copies	Certificates of	Status
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07/19/21





COVER LETTER

TO:	Registration Se Division of Cor		•	
N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Thermoclin	e exterior cleaning services LI	.c	
SUBJEC	UI;	Name of Lin	ited Liability Company	
		Amendment and fee(s) are sub		
Please re	eturn an correspe	ondence concerning this matter	to the following:	
		Mark Pagels		
			Name of Person	
		Thermocline exterior clear	ning services LLC	
			Firm/Company	
		3836 percival rd		
		***	Address	
		orlando, fl 32826		
			City/State and Zip Code	
		pagelsmj@gmail.com E-mail address: (to be used for future annual report notificat	ion)
For furth	ner information c	oncerning this matter, please c		· ·
Mike M	iller		321 330-5186 at ()	27 JUN 1
	Name o	f Person	Area Code Daytime Te	lephone Number
Enclosed	d 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 Registration S		Street Address: Registration Section	ก
	Division of C		Division at Campa	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Thermocline Exterior Cleaning Services LLC		
(Name of the Limited Liability Com (A Florida Limited	<u>pany as it now appears on our reco</u> d Liability Company)	rds.)
the Articles of Organization for this Limited Liability Company were filed on 05/21/2021 orida document number L21000238098 This amendment is submitted to amend the following: 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 other new principal offices address, if applicable:		and assigned
e Articles of Organization for this Limited Liability Company were filed on 121000238098		
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 abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	***	
Enter new mailing address, if applicable:		(2)
(Mailing address MAY BE A POST OFFICE BOX)		····
n te di		
	e aduress on our records, <u>eme</u>	
		7
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addi	ress
	City	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>	Name	Address	Type of Action
AMBR	Michael J Miller	6347 Brack St	□Add
		Cocoa, FL 32927	□Remove
			■Change
AMBR	Mark J Pagels	3836 Percival Rd.	
		Orlando, Ft. 32826	Remove
			☐ Change
			□Add
			□ Remove
			N □Add D : 17 □ Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
		. ,	□Remove
			□Change

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5) 1 1 1 1 1 1	Turbul Allata	06/11/2021 3:00 p.m				
Suprature of a member or authorized representative of a member	and the second s	Tailed A Phil	Luthorized representative	of a member		

Filing Fee: \$25.00