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2022 JAN 25 AM 9: 082022 JAN 25 AM 9:

CALLAHASSEE, FLORE SECRETARY OF SECRETARY OF

COVER LETTER

Division of Cor	porations				
SUBJECT: <u>G</u>	2 Cleaning Name of Light	Services F	ressure	Washer,	LL
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Marie	M. Celes Name of Person	tin		
		Firm/Company			
	8749 Wil	11. am Sharkey Address	St #308		
	Orlando,	F/ 32F/F City/State and Zip Code			
	<u>Sweetmit</u> E-mail address: (1	CHa D GMG, 1.	(low)		
For further information c	concerning this matter, please ea	ill:			
Name o	f Person	at ()	ne Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	Certified (of Status &	

, :

Registration Section

TO:

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

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

FILED 2022 JAN 25 AM 9: 21

Coc Cleaning Service (Name of the Limited Liability Co	es Pressure U/O ompany as it now appears on our records ited Liability Company)	SECRETARY OF CHE
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 2 1000 2 4 1 6 4</u> \$	oany were filed on _ 105 24	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited GC Sun Shin C Clear, 134 The new name must be distinguishable and contain the words "Limited I		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oddress	
	Flo	orida
•	City	rida 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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	Gabriel Celestin	8749 William Sharkey S #308 Orlando, Fl. 32818	Z □Add
		Orlando, F1. 32818	CRemove
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			⊡Remove
			□Change
<u>_</u>			□Add
		 	□Remove
			□ Change

	
	
	
Note: If the	ate, if other than the date of filing: (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1/2:5/ 2022. Of Signature of a member of authorized representative of a member
	Marie Michel Celestin Typed or printed name of signee

.

Filing Fee: \$25.00