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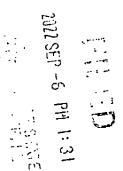
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

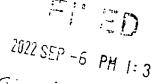
TO:	Registration Division of C				•
a	\	THEMS C.	CAN ALLES	us LLC	•
SUBJE	ст:	(TREME CL	ne of Limited Liability Con	npany	
The enc	losed Articles of	of Amendment and fee(s	are submitted for filing	ī,	
Please r	eturn all corres	pondence concerning thi	s matter to the following	2.	
		Kn	THLEEN FA	AZIEN Person	
			Firm/Con	 прапу	
		354 \	IESTA CLI	TCLE	
		MELG	City/State and	32901	
		<u> ここの</u> E-mail a	ddress: (to be used for full	olution SLL	C & GMACLCOM
For furtl	her information	concerning this matter,		·	
KF	ATHLEEA	) FRAZIEM of Person	- at ( <u>36</u>	N , 335	- 8975
	Name	of Person	Area	Code Daytime	e Telephone Number
Enclosed	d is a check for	the following amount:			
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fe Certificate of S	tatus Certified		★ \$60.00 Filing Fee.     Certificate of Status &     Certified Copy     (additional copy is enclosed)
	Mailing Addr Registration Division of P.O. Box 63	Section Corporations		Street Address: Registration Sec Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



	OI*	2022 Sc	Pasa
X TREME (Name of the Limited	CLEAN QUE Liability Company as it now Florida Limited Liability Cor	EENS LLC :	P-6 PM 1:31
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed		, •
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the CLEAN.  The new name must be distinguishable and contain the work			abbreviation "L.L.C."
Enter new principal offices address, if applicable of the internal office address MUST BE A STREET			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		ı our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent: New Registered Office Address:	ROBERT FI 354 VEST	NAZIEN  A CINCLE  nter Florida street address	
	MELBOUR Cay	Nモ, Florida _	32901 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>	<u>Name</u>	Address	Type of Action
MGR	KATHLEEN FRAZZER	354 VESTA CINCLE	□ Add
		MELBOURNE, FL 32901	
			<b>X</b> Change
MGR	MELTINDA BAKEN	354 VESTA CIRLE	□ Add
		MELBOURNE, FL 32901	□Remove
			Change
			□Add
			🗀 Remove
			Change
			□ Add
			□Remove
			□Change
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			Change

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If an effect <u>Note:</u> It	e date, if other than the date of filing:  9(b/22 (optional)) tive 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 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
	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
	1.
rd is file	
rd is file	912 2022.  2022.  24 These Fragier  Signature of a member or authorized representative of a member

Filing Fee: \$25.00