## 121000279986

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2021 JUL -8 PH 4: 25 SE-MELYSSER MENTALS

K. SALY

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

Ms cleans SUBJECT:	touch LLC		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	jean francois brunel		
		Name of Person	
	Ms cleans touch LLC		
		Firm/Company	
	1520 ridge point dr orlando	o florida	
		Address	
	orlando florida 32808		
		City/State and Zip Code	······································
	bruneljeanfrancois20@gma		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
jean francois brunel		407 2335123 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

RECEIVED

JUL 0 8 2021

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED	
4027 JUL -8 DE	
JELAHASELINI	)

Zip Code

	MS CLEANS	TOUCH LIC	170 STA PH 412
(Name of the Lim		npany as it now appears on our records.) ed Liability Company)	FALLAHASSEL FLORID!
The Articles of Organization for this Limited I Florida document number L21000299986	Liability Compa	ny were filed on 07/01/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
The new name must be distinguishable and contain the	words "Limited Lie	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	2015 ridge point dr 0rlando florid	la 32808
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)	2015 ridge point dr orlando florid	la 32808
B. If amending the registered agent and/or agent and/or the new registered office addresses		ee address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	jean francois	brunel	·
New Registered Office Address:	2015 ridge po	oint dr orlando florida 32808	
		Enter Florida street address	
	orlando	Flor	ida <sup>32808</sup>

## 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.

City

f 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>	<u>Name</u>	Address	Type of Action
AMBR	jean francois brunel	2015 ridge point dr orlando fl 32808	<b>=</b> Add
			□Remove
		<del> </del>	□Change
<del></del>	<del></del>		□ □ Add
			— Remove T
			Change
	<del></del>		Change DiAdd 7
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