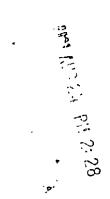
L21000318416

(Requestor	's Name)
(Address)	
(Address)	
(City/State	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
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COVER LETTER

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**

One True Clean Ul	<u>'</u>	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $L2100318416$	y were filed on <u>07/13/202</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	e 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:		F72
(Mailing address MAY BE A POST OFFICE BOX)		127
		70
B. If amending the registered agent and/or registered office	address on our records, enter the n	್ಲಾ ame of the new registered
agent and/or the new registered office address here:		œ
Name of New Registered Agent:		
Name of New Neglatered Agent.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
M6R	Gustavo Galiett. (MR)	6320 Agraed Line Lake Worth-FL	₹Add
		Lake Worth-FL	□Remove
		33462	Change
			□Remove
			□ Add
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ective date, if other tha	an the date of filing	g:		(option	al)
effective date is listed, the defective date inserted in timent's effective date on	this block does not n	i cannot be prior to neet the applicab	date of thing or more		
cord specifies a delayed e filed.	ffective date, but not	an effective time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after t
ed <u>08/20/2</u>	621				
1					
			ed representative of a		,