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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| MAIL MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration S Division of Co | | | |
|---|----------------------------------|---|--|---|
| CHD IE | | Services LLC | | |
| SUBJE | | Name of Lin | nited Liability Company | |
| The encl | losed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please re | cturn all corresp | ondence concerning this matter | to the following: | |
| | | Tom Harris | | |
| | | | Name of Person | |
| | | One Clean Services LLC | | |
| | | | Firm/Company | |
| | | 35530 NE 7th Drive | | |
| | | | Address | |
| | | Okcechobee, FL 34972 | | |
| | | | City/State and Zip Code | |
| | | aapache@bellsouth.net | | |
| For furth | ner information | e-mail address: concerning this matter, please c | (to be used for future annual report not vall; | illication) |
| Tom Ha | urris | | 954 258-1974 at () | |
| | Name | of Person | | ne Telephone Number |
| Enclose | d is a check for | the following amount: | | |
| ≘ \$ 25. | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: | | Street Address: Registration Se | ection | |
| Registration Section Division of Corporations | | Division of Co | | |
| | P.O. Box 63 | 27 | The Centre of | Tallahassee |
| | Tallahassee, | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| One Clean Services LLC | | |
|---|--|----------------------------------|
| (Name of the Limited Liability C (A Florida Lin | ompany as it now appears on our record nited Liability Company) | <u>is.</u>) |
| The Articles of Organization for this Limited Liability Comp | pany were filed on 07/19/2021 | and assigned |
| florida document number 1.21000327768 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | llability company here: | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC | "O" or the abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | <u></u> | C 12 |
| | | \$50 NOV |
| | | T Q T |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | SS → M |
| | | m2 & D |
| | | |
| If amending the registered agent and/or registered of gent and/or the new registered office address here: | Tice address on our records, <u>enter</u> | the name of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | ZZ |
| | , FI | lorida |
| | 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 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 |
|--------------|------------|---------------------------|----------------|
| AMBR | Tom Harris | 9256 Vista Del Lago Apt B | = Add |
| | | Boca Raton, FL 33428 | □Remove |
| | | | Change |
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| fan effec <u>Note:</u> II | tive date, if other than the date of filing: |
| record d is filed | 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 i. |
| Dated _ | 11/1/2021 SIPAL |
| | SIP ALIA |
| | Signature of a member or authorized representative of a member |
| | · |