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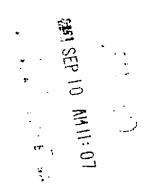
(Requestor's Name)
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COVER LETTER

Division of Corporation	08		
SUBJECT: CM CLEA	Name of Limited L.	ability Company	·
The enclosed Articles of Amenda	nent and fee(s) are submitted	I for filing.	
Please return all correspondence of	concerning this matter to the	following:	
M	erlande (Name of Person	
C	MCLEANIN	9 Services L	ic
42	298 SW Xe	non Street	
Po		ie FL 3499 V/State and Zip Code	
m-	erlande Cer E-mail address: (10 be i	Sora Gmail a used for future amual report notification	COM on)
For further information concerning	g this matter, please call:		
Merlande Name of Person	Clerveau	(at (<u>786</u>) <u>916</u> 04 { Area Code Daytime Tel	ephone Number
Enclosed is a check for the follow	ring amount:		
<u> </u>	0.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

CM CLEANING SCY VI (Name of the Limited Liability Compa (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 <u>21000334110</u>	were filed on $\frac{7/22}{2021}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	1LC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4298 SW Xenon St Port St. Lucie F@34953
Principal office address MUST BE A STREET ADDRESS)	
	· _ ·
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	. 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Merlo	nde Clerkaux
New Registered Office Address: 4298	SW Xenon St. Enter Florida street address
Port.	SW Xerron St. Enter Florida street address St. Lucie , Florida 34953 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 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	Merlando Clerikaux	4298 Sill Xe non St Port St. Lucie	_ MAdd
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rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more that te: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	mi 90 days affer	mmg.) i u	rsuant to 605.026 I not be listed a
	e earlier of: (b)	The 90	Oth day after the
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the s filed.			