## L21000334410

| ·                                       |
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| (Requestor's Name)                      |
|   |
| (Address)                               |
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| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Orty/State/Zipir-Hone #)               |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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21 SEF -1 PHI2: 22

## **COVER LETTER**

| FO: Registration Sect<br>Division of Corpo |  | •   |   |
|--|--|---|---|
|  | LLAHASSEE LLC                                |   | :   |
| SUBJECT:                                   | Name of Lim                                  | ited Liability Company  |   |
| The enclosed Articles of Ar                | mendment and fee(s) are sub                  | mitted for filing.  |   |
| Please return all correspond               | lence concerning this matter                 | to the following:   |   |
|  | Stephanie A Allard                           |   |   |
|  |  | Name of Person  | <u>-</u> _  |
|  | ICLEAN TALLAHASSER                           | ELLC  |   |
|  | _  | Firm/Company  |   |
|  | 85 TOM WHITE LN                              |   |   |
|  | ****   | Address   |   |
|  | Crawfordville, FL 32327                      |   |   |
|  |  | City/State and Zip Code   | · <u>-</u> · · · · · · · · · · · · · · · · · · ·  |
|  | Allard2483@gmail.com                         |   |   |
|  | E-mail address: (                            | to be used for future annual report notif                           | ication)  |
| For further information con                | cerning this matter, please ca               | all;  |   |
| Stephanic A Allard                         |  | 850 900-6288  |   |
| Name of P                                  | erson  | Area Code Daytime   | : 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address:                           |  | Street Address:   |   |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

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 21 SET -1 FH12: 22

If Changing Registered Agent, Signature of New Registered Agent

ICLEAN TALLAHASSEE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Compar  | ny were filed on July 23, 2021                               | and assigned   |
|---|--|--|
| Florida document number L21000334410  |  |  |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited lis  | ability company here:  |  |
| The new name must be distinguishable and contain the words "Limited Lia   | ability Company," the designation "L                         | .LC" or the abbreviation "L.L.C."                          |
| Enter new principal offices address, if applicable:   | <del></del>  |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  |  |
|   |  |  |
| r ( '9') Januar Warellanda  |  |  |
| Enter new mailing address, if applicable:   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |  |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:  Name of New Registered Agent:   | e address on our records, <u>ent</u>                         |  |
| New Registered Office Address:  | Enter Florida street ada                                     | harris.  |
|   |  |  |
| <del> </del>  | City   | Florida Zip Code   |
| New Registered Agent's Signature, if changing Registered Agen   | nt:  |  |
| I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change. | te performance of my dutics,<br>s provided for in Chapter 60 | and I am familiar with and 5, F.S. Or, if this document is |

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

21 SEP -1 PH12: 22

| <u>Title</u> | <u>Name</u>        | Address           | Type of Action |
|--------------|--------------------|-------------------|----------------|
| AMBR         | Stephanie A Allard | 85 TOM WHITE LN   | ≣Add           |
|              |                    | Crawfordville, FL |                |
|              |                    | 32327             |                |
|              |                    |                   | □Add           |
|              |                    |                   | Remove         |
|              |                    |                   | ☐ Change       |
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|--|---|---|
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Filing Fee: \$25.00