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PICK-UP	■ WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: West	Coast Floor Cl	eoning LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Couratt Ja	mes Thien Name of Person		
		ist Floor Cleany LL Firm/Company		
	3200 Ca	stleton Dr. Apt. D		
	Brudenton, FL, gthien @	34208 City/State and Zip Code		
process of the second		to be used for future annual report notif	ication)	
For further information cond	-		20	
Corrett Th.	ien	at (<u>941</u>) 713 - 6	786 789 80 Telephone Number 77	7
Name of Pe	rison	Area Code Daytime	5 5	
Enclosed is a check for the f	ollowing amount:			j
St \$25.00 Filing Fee	☐ \$30.00 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)	
Mailing Address:		Street Address:		

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

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

	it FLOOR Cleaning	1	
(<u>Name of the Limite</u> (d Liability Company as it now app A Florida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Lia Florida document number 87 - 215459 2		8-13-2021	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liability company	here:	
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	9 ts.,	S 202
<u>Principal office address MUST BE A STREET</u>	ADDRESS)		7.0.00 17.0.00 17.0.00
			<u>>-</u>
Enter new mailing address, if applicable:			S - PH - 1
Mailing address MAY BE A POST OFFICE E	<u></u>		U. T. S. T.
3. If amending the registered agent and/or re gent and/or the new registered office address	here:		
Name of New Registered Agent:	Corrett Thren		
New Registered Office Address:	Clurrett Thren 3200 Castleton De Enter to City	AP4. V Torida street address	
	Bradenton	. Florida	34208
	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>	<u>Name</u>	Address	Type of Action
AMBR	Gurrett Thier	3200 Custleton Dr. Apt. D	5 Add
			□Remove
			□ Change
MGR	Garrett Thier	3200 Custleton Dr. 491.D	 3 Add
			□Remove
			□Change
			🗆 Add
			Remove
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