Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000

Fax Number

: (800)603-5868

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AUG 25

Certificate of Status Certified Copy 0 03 Page Count \$25.00 Estimated Charge

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Electronic Filing Menu

Corporate Filing Menu

Help

To: '18506176383 From: 19165767036 Date: 08/24/21 Time: 2:24 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1647533		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	y were filed on August 17, 2021	and assigned
Florida document number L21000368178		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
FCS Cleans LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		28
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12 day		10. E
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:	e address on our records, <u>enter th</u>	e name of the new register.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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.

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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 = -N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an e Note	tive date, if other than the date of filing:	605 0207 (listed as t
he reco	ord specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of. (b) The 90th day a filed	ifter the
	1 August 20 . 2021	
Date	,	
Date	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00