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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number

: (845)818-3588

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თ	Later the email address for this business entity to be used for future
ഹ	쁘으므 annual report mailings. Enter only one email address please.**
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TERRIFIC CLEAN LLC

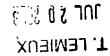
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## ARTICLES OF AMENDMENT TO TO TO ARTICLES OF ORGANIZATION

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<b>g</b>		•
TERRIFIC CLEAN LLC	4.1	•
•	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
(A)	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on 09/07/2021	and assigned
Florida document number L21000395985	<del></del> .	
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The case around the distinguishable and castain the cast	s "Limited Liability Company," the designation "LLC" or the	abbasision of 1.72
The new maine must be distinguishable and contain the world	s Elimica Daonay Company, the designation 1220 of the	aningviation 12.11.C.
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
	<del></del>	
D. If a monding the projectional agent and/or regi	stered office address on our records, enter the na	ms of the new registered
agent and/or the new registered office address h		me or the new registered
	<del></del> -	- 5 <del>2</del>
		: a
Name of New Registered Agent:		<u> </u>
		£.
New Registered Office Address:	Enter Florida street address	<del></del>
		<del>-0</del> (-
_	, Florida	<u> </u>
	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	2

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

Title	Name	Address	Type of Action
AMBR	Bernard Letzinger	POB 120863	⊞Add
		WEST MELBOURNE, FL 32904	-
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			Change

. If amending any other inforn	ation, enter change(s) here: (Attach additional sheets, if necessary,	)
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		<del></del>
th an effective date is listed, the date m	e date of filing:  (optional)  st be specific and cannot be prior to date of filing or more than 90 days after filing.) Foliock does not meet the applicable statutory filing requirements, this date we Department of State's records.	Pursuant to 605,0207 (3) fill not be listed as the
he record specifies a delayed effect ord is filed	we date, but not an effective time, at £2:01 a.m. on the earlier of: (b). The	90th day after the
Dated July 18	2023	
	32/2020	
<del></del>	Signature of a member or authorized representative of a member	
Taylor Lolya		