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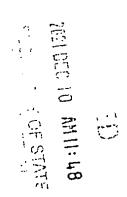
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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A. RIVERS
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## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Miss	pelling in norm	e: Amber's Prenited Liability Company	stive Cleaning LLC		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Amb	er Wade Name of Person			
	Amber's	Prestine Cleaning Firm/Company	og LLC		
	6254	Redberry Drive	<del></del>		
	Gulf Br.	eeze, FL. 3250 City/State and Zip Code	63		
	amber mu E-mail address: (	to be used for future annual report notif	· Com fication)		
For further information co	neerning this matter, please c	ali:			
Amber Name of	Wale	at ( <u>334</u> ) <u>595</u> Area Code Daytimo	- 7146 e 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, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration So Division of Co	ection rporations	Street Address: Registration Sec Division of Cor	porations		
P.O. Box 6327 Tallahassee, F.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

amber's Prestive	Cleaning LLC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number	ny were filed on II   10   ZOZI and assigned
This amendment is submitted to amend the following:	
A. It amending name, enter the new name of the limited lis	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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, enter the name of the new registere
Name of New Registered Agent:	
	7 62
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Ager	City 3p Cont.
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 office company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is
IFC	ranging 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
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		<del></del>	□Remove
			□Change
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			□Remove
			Change
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			Remove
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(If an effective d	ate is listed, the dat		nd cannot be pric			(optional) days after filing.) Pur	
		the Department of			imig requiren	ents, this date will	not be fisted as th
he record speci ord is filed.	fies a delayed ef	fective date, but no	ot an effective	time, at 12:01 a.	m. on the earl	ier of: (b) The 90	th day after the
Dated	ecember	8+h	. 2021	<u>'</u> .			
<u>_</u>	1 4		<del></del> -	horized representa			
		Signature of a	a member or aut	horized representa	tive of a memb	er	
	•						

Filing Fee: \$25.00