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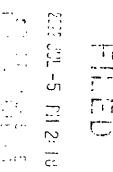
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O: Registration Sec Division of Corp	tion orations			
TEAM BOR				
UBJECT:	Name of Limit	ed Liability Company		
	Amendment and fee(s) are subn	nitted for filing		
lease return all correspon	ndence concerning this matter t	o the following.		
	ANA CLARA PIMENTA			
		Name of Person		
	ACP BUSINESS USA COI	₹P		
		Firm/Company		
	777 BRICKEL AVE SUIT	E 500-71		
		Address		(. . :
	MIAMI FL 33131			5 5
		City/State and Zip Code		***
	ANACLARA@ACPBUSIN	ESSUSA.COM		, ,
	E-mail address: (o be used for future annual report notifi	cation)	· · <u>C.</u>
For further information c	oncerning this matter, please co	ill:		
ANA CLARA		407 233-6595 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
	6 N - 1			
Enclosed is a check for the		☐ \$55.00 Filing Fee &	□ \$60.00 Fi	ling Fee,
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certifica Certified	te of Status &
Mailing Addre		Street Address: Registration Sec	ction	
Registration Division of C	Corporations	Division of Cor	porations	
P.O. Box 632	27	The Centre of T 2415 N. Monro		10
Tallahassee.	rL 32314	Tallahassee, FL		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAM BORBA LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	nny were filed on 01/01/2022	and assigned
Florida document number 1.21000506374		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
CLEAN4U BUSINESS SERVICE LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS,		
Principal office address SIOST BE A STREET ADDRESS,		· ·
	-	
		in [
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, enter the n	ame of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	
	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

Title	<u>Name</u>	Address	Type of Action
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cord specifies a delayed effe	ctive date. but not	an effective tin	ne. at 12:01 a.m	, on the earli	er of: (b) T	he 90th d	ay after i	the
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