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22 FEB - 1 FM 2: 45

T. MATTHEWS FEB 16 2022

COVER LETTER

ΓO: Registration Division of C			
America	n Cleaning Equipment LLC		•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Henry Kelley		
		Name of Person	
	American Cleaning Equipo	nent	
		Firm/Company	
	4960 Hwy 90 #174		
		Address	
	Pace FL 32571		
	-	City/State and Zip Code	
	henry.kelley@cobaltblueino	com to be used for future annual report notifi	(cation)
For further information	on concerning this matter, please of		1
Henry Kelley		at () 218-9398 Area Code Daytime	
Nan	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or 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 Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

American Cleaning Equipment LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Lii	mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L22000009127</u> .	npany were filed on 01/03/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	<u> </u>	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	/	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	2 2 2 2 201 4447 435	
	, Flor	
	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.

1.

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	Marcio Costa	7502 Sears Blvd, Pensacola FL 32514	□Add
			■ Remove
	,		Change
	NA		□Add
			🗆 Remove
			□Change
-			□Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			□Add
			🗆 Remove
			□ Change
			□ Add

Remove

	N/A		
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fan effeei <u>Note:</u> If	ve date, if other than the date of filing: extive date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statent's effective date on the Department of State's records.		
	I specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after t	he
	ed.		
d is filed	February 2nd 2022		
d is filed	February 2nd , 2022		
d is filed		epresentative of a member	

Filing Fee: \$25.00