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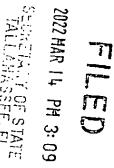
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Y. SCOTT MAR 2 5 2022

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: W	se Cleanina	LLC	
SUBJECT, TY	Name of Limi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Samantho	Name of Person	
		Firm/Company	2022 HA SECRE
	861 Badg	er Drive NE	PILED 2022 MAR I 4 PM 3: 09 SECRETARY OF STATE TALLARY SEE. FL
	Palm Bay	FL 32905 City/State and Zip Code	F PM 3: 09 SSEE. FL
	Jinxiecat	FL 32905 City/State and Zip Code 7110 gmail code to be used for future annual report notifie	<u>om</u>
For further information conc	eerning this matter, please ca	all:	
Samantha Name of Po	Wise	at (443) 536 - 5	144 Telephone Number
Enclosed is a check for the f	ollowing 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 Sec	etion	<u>Street Address:</u> Registration Sect	ion
Division of Corp	porations	Division of Corp	orations
P.O. Box 6327		The Centre of Ta	Hanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wise Cleanina	LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	iv as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 22000 35 108</u> .	were filed on January 18, 2022 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	lity company here:	
The Magick Touch-FL The new name must be distinguishable and contain the words "Limited Liability	ty Company." the designation "LLC" or the abbreviation "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 office adagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the name of the new regis	 stered
	, Florida	_ _
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document i	

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

<u>Title</u>	<u>Name</u>	Address		Type of Action
				□Add
				_ □Remove
				□Change
				□Add
			<u>-</u>	□Remove
			SECLETA VALUETA	Change
			TACH OF STATE	Change Change Add Remove
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cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed. $\frac{March}{a} = \frac{1}{\sqrt{4}} \frac{2022}{\sqrt{4}}$	iling.) Pursuant to 605.020
ed March 1 2022.	date will not be listed a
Someon that I live	The 90th day after the
Signature of a member or authorized representative of a member	
Samantha Wise	

Filing Fee: \$25.00