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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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2022 MAR 14 PH 1: 17
SEGRETARY OF STATE

A. BUTLER MAR 2 8 2022

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Section Division of Corporation		•	•
SUBJE	ect: Xtren	ne Cleaning	a By Crystal jed Liability Company	2,úc
The en	closed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
			Stalm.VanderMo	
		Xtren	ne Cleaning Ser	vices By Crystal LLC
		1803 5	tockton St	-
		Melb	Ourne, 74 329 City/State and Zip Code	01
	-		locmvegnail.	
For fur	ther information cond	cerning this matter, please ca	all:	
	Rance 1	Besemer	at (305) 481–9 Area Code Daytim	らてつへ
	Name of Pe	erson	Area Code Daytim	e Telephone Number
Enclose	ed is a check for the t	following amount:		
1 S2.	5.00 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	ction	<u>Street Address:</u> Registration Se	ction
	Division of Cor	porations	Division of Cor	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Xtreme Cle	aning '	By Crystal	IAR I HOM I	: 17
(<u>Name of the Limited I</u> (A	Liability Company Florida Limited Lia	bility Company)	Erropids) OF ST	ATE
The Articles of Organization for this Limited Liabi		ere filed on Jan.	24. 202	and assigned
This amendment is submitted to amend the followi	ing:			
A. If amending name, enter the new name of the X + Y erre		ty company here: ing Servi	ces By	Crystal LLC
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the designation	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicabl (Principal office address MUST BE A STREET)		1803 S	hockton	151. 32901
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)A)</u>	102 Eas #108 Melbou	+ New.	Her Ave 32901
B. If amending the registered agent and/or regi agent and/or the new registered office address h		dress on our records	, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	Crysta	al Marie	Vander Hon St	Molen
New Registered Office Address:	1803	Stock:	ton St	
-	Melt	Bune	, Florida	32901
N. B. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Cuy		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	Name	Address	Type of Action
MGR	Marie VanderMolen		
			☑ Remove
			□ Change
MGR	Crystal Marie Vander	Molen	[JPAdd
	•		□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□ Remove
			□ Change

Updated	EIN#	88-085	1731	
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we date, if other than the octive date is listed, the date must if the date inserted in this bloom is effective date on the De	ck does not meet the a	pplicable statutory f	ii more man 30 days and	
l specifies a delayed effective ed.				
March E	3 . 20	12.2		
March E	Signature of a member of	authorized representa	tive of a member	

Filing Fee: \$25.00