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(Pa	questor's Name)	
(Re	questors Name)	
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22 MAY -2 AM 11: 39

T. MATTHEWS JUN 23 2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT:		nog Solutions ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspoi	ndence concerning this matter	to the following	
	Trayvon	Name of Person	
	mullen (Cleaning Solu	thions luc
	1620 NE	35th Street Address	
	Pompano F	City/State and Zip Code	204
	E-mail address: (t	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Tray Name of	Person	at (<u>954.549.94</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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 S Division of Co	ection	Street Address: Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		22 MAY -2 AH 11: 39
Mullen (lean) (Name of the Limited Liabi	Solutions, lity Company as it now appears on da Limited Liability Company)	our records)
(A Flori	da Limited Liability Company)	1
The Articles of Organization for this Limited Liability	Company were filed on O	and assigned
Florida document number <u>L22000088</u>	142	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
	, , , ,	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
	City	Zıp 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lauren Schneider	11020 NE 35th Street	□Add
		Pompono Beach FL 33000	Remove
			Change
MGR	Trayvon Mullen	1620 NE 35th Street	XAdd
	J	Pompano Beach FL 3300	<u>H</u> □Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
			\Badd
			□Remove
			□ Changa

Change_	manager name to myself Trayver
lenne	manager rame to myself Trayvir Lauren Schneider as manager
: If the date inserte	the date of filing:
rd specifies a delay îled.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day
April	John 2000 Mill ER
	Signature of a member or authorized representative of a member Tray von Myllen SR

Filing Fee: \$25.00