# 

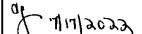
(Red	questor's Name)	
(Add	iress)	
		<u>.</u>
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dx	cument Number)	
,	odinent (valuet)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





05/17/22--01007--008 \*\*25.00





### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lin	Clean It All Cla	PANING COMPANY LLC
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Jerma	Name of Person	
	ONE CALL WILL C	lean It All Clean Firm/Company	ung Company LLC
	2800 Wes	St Oakland F	Park Blud
	Dakland	Park FL 35 City/State and Zip Code	3311
	Ne Callwi E-mail address:	I Clean It AI O	Vahoo.COM
For further information co	oncerning this matter, please c		
Jer Mail Name of	N Whyte	at (954) 2210 Area Code Daytin	- 4450 ne 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 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
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE CALL CLEAN IT A	HI Cleaning Company UC
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>Laaoool81014</u> .	$1 \text{ on } \frac{04/39/3022}{\text{ and assigned}}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	, 0221
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	量
	75. 57
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
	, Florida
City	Zin 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 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	Jermain Whyte	2800 west oakland park blvd, Oakland Park,Fl 33311	l ≣Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
		<u></u>	□ Remove
			□Change
			🗆 Add
		<u> </u>	□ Remove
			□Change
			□ <b>Ad</b> d
	·		□Remove
			□Change
<del></del> .			🗆 Add
			□ Remove
	·		Change

					<del></del>	-	_		
								,	
		_	<u> </u>	<del></del> -					<del></del>
						<del></del>			
			· · · · · · · · · · · · · · · · · · ·		<del></del>			-	<del>-</del>
								_	
	· <u>-</u> ·		-						
				•	_	·-			
		<del>-</del> -							
	<del></del> -								_
									<del></del>
					<del>_</del>		<del></del> -	<u>-</u>	<del></del>
						<u>_</u>	_		<del></del> -
		<del></del> -				<u> </u>			
					<b>-</b>				
						_			<del>_</del>
		_					<u> </u>	<del></del> _	
Effective date	e, if other ti	han the da	te of filing				(opt	ional)	
If an effective da Note: If the d document's eff	te is listed, the ate inserted i	date must be in this block	specific and does not m	cannot be pri eet the appl	ior to date of fi licable statut	iling or more th	an 90 days afte	r filing.) Pursua:	nt to 605.0207 ( t be listed as t
e record specifi	ies a delayed	effective da	te, but not a	an effective	time, at 12:	01 a.m. on the	e earlier of: (	b) The 90th o	lay after the
ra is mea.				2022					
rd is filed. Dated <u>May</u> 1	1,	·).	, , ,		·				
May 1	1,	Sign	nature of a m	ember or au	thorized fepre	Sëntative of a n	nember		