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	equestor's Name)	
(***	squosion o manney	
(Ac	ddress)	
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(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Registration Section
Division of Corporations

	lear Clean	Dryer Vent LLC		•	:		
SUBJECT:		Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub					
		Angel Perez					
		-11-11	Name of Person				
		Clear Clean Dryer Vent					
			Firm/Company				
		18423 NW 22 Street					
Address					Ø	20	
Pembroke Pines, FL 33029						2022 OCT 26	
	City/State and Zip Code					7 2	•
		perez1990@comcast.net		·			3
		E-mail address: (to be used for future annual report noti	fication) .	135. 135.3	PH I	•
For further info	rmation c	oncerning this matter, please ca	ali:		귏	ഗ	•
Angel Perez			786 457-0361		er,	0	
	Name o	Person		e Telephone Number			
Enclosed is a cl	heck for th	ie following amount:					
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filit Certificate Certified C (additional co	of Sta Jopy	tus &	
Regis Divis P.O.	Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations	0		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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1 5/25/22	and assigned
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the designation "LLC" or the abbrevia	tion "L.L.C."
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ur records, <u>enter the name of t</u>	he new regi
<u> </u>	·
· Florida street address	
. Florida	
	the designation "LLC" or the abbrevia

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.

City

Zip Code

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	Jeannette Perez	18423 NW 22 Street	□Add
		Pembroke Pines, FL 33029	■Remove
			Change
			□Add
			Remove
			□Change
			\ \ \ \ _Add
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			1726 Add Remove
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ective date, if other than n effective date is listed, the date te: If the date inserted in thi	must be specific and cannot is block does not meet th	be prior to date of t e annlicable statu	filing or more than ' tory filing require	90 days after filir ements, this da	ig.) Pursi te will r	uant to 60 not-be-lis	(5.020) (ted as
cument's effective date on the			7 0 1				
ecord specifies a delayed efforis filed.	etive date, but not an effi	ective time, at 12	:01 a.m. on the ea	irlier of: (b)	The 90tl	h day aft	er the
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ted	Signature of a number						