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FILED

2022 JUN 21 PM 12: 52

GREEN STATE

A. BUTLER SEP 1 2 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gainesville Cleaning Provisions Name of Limited trability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dessica Forbes Name of Person	
Cairesville cleaning Provisions Firm/Company	
2112 SW34th St. Suite 207	
Gainesville, FL 32608 City/State and Zip Code	
E-mail address: (to be used for father annual report notification)	
For further information concerning this matter, please call:	
Jessica Forbes at (917) 856-5756 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)	us &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

Gainesville Cl	ecolor Prov	1 S MUL 2202	PH 12: 52
(<u>Name of the Limited Liabil</u> (A Florid	ity Company a) it now appara Limited Liability Compar	y) TALLAH, S	F STATE SEE, FL
The Articles of Organization for this Limited Liability (Company were filed on	May 31, 2027	2 and assigned
Florida document number <u>1.22 🗠 0248411</u>		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company	· here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," t	ne designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on ou	r records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter i	Florida street address	
	City	, Florida	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBB	Eric L. Hutchinson	2112 SW.34th st suite 207	DVAdd
		Gainesville, FL 32608	□Remove
			□Change
			□Add
			□Remove
			□Change
		·	🗆 Add
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Note:	we date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	<u>6/15/2022</u> . 2027.
Dated _	louis Las
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00