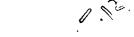
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## COVER LETTER

	ision of Corp Quick Clean			
SUBJECT:				
		Name of Lim	ited Liability Company	
Γhe enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Brian K. Mathis, Esq.		
			Name of Person	
		Mathis Law Group		<u></u>
		•	Firm/Company	
		P.O. Box 91657		
			Address	
		Lakeland, FL 33804		
		bmathis@mathislawgroup.e	City/State and Zip Code	
		·	to be used for future annual report noti	tication)
For further in	formation co	ncerning this matter, please c	all:	
Jo Kirkland,	ACP, FRP		863 670-2557	
·	Name of I	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iting 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)
<u>Mai</u>	ling Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Quick Clean US LLC					
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)			
The Articles of Organization for this Limited 1	iability Company were filed on	6/8/2022 and assigned			
Florida document number L22000253151	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liability company	here:			
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applie	eable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
	<u> </u>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<i>BOX</i> )				
		<u>.</u>			
		r records, enter the name of the new registers			
agent and/or the new registered office addre	ss here:				
		-			
Name of New Registered Agent:	Brian K. Mathis, Esq.				
New Registered Office Address:	Mathis Law Group, 515 E. Las Olas Blvd. Ste. 120				
<del> </del>	Enter l	Florida street address			
	Ft. Lauderdale	, Florida 33301 -			
	City	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

Bri K. Math.

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>	Name	Address	Type of Action
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			□Remove
			□Add
			□Remove
			□Change
		□Remove	
			□Change ;
			Remove
		<del></del>	☐ Change.
			□Add
			Remove
			Change
		<del> </del>	□Add
			□Remove
			□Change

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<u>te:</u> If	the date inser	er than the of d, the date must ted in this blo fate on the De	ck does not	meet the a	pplicable st	of filing or r atutory fili	nore than 90 ng requiren	(option days after fil eents, this d	al) ing.) Pursuan ate will not	to 605,0207 (3)(1 be listed as the
		a delayed er the reco			t not an e	effective	time, at	12:01 a.r	n. on the	earlier of:
ed	MAX	6	. ()	2024.					<i>C</i>	
	- CU	021	Ŋ	010	مال	7 1	)		(mac	\
		5	Signature of a	n member or	authorized r	epresentativ	e of a memb	er T	(1, 12)	- <i>J</i>

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