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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Keep it Klean Orlando LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leonardo Arrogo Name of Person Keep it Klean LLC Firm/Company
5924 Sunderland Dr.
Address
orlando, Florida 32812
City/State and Zip Code Keepit Klean.orlando@gmail E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leonardo Arroyo at (786) 333 8560 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigcup \\$30,00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Certificate of Status & Certified Copy (additional copy is enclosed) \$\Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keep it Klean LL	C	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	iv as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L220029926</u> .	were filed on $7-05-3$	യി⊋⊇ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity compa <u>ny here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2022 h SECF TA
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	LAne of the new regiders
Name of New Registered Agent:		STAT 51
New Registered Office Address:	Enter Florida street address	
·	, Flori	ida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
	na to act in this canacity. I first	rae aaraa ta camule with th
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and rovided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>AMB</u> R	Giovanni monegro	5924 Sunderland Dr.	₩ Add
		orlando, Florida 32812	<u>3</u> □Remove
			□Change
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			□ Change
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`an et <u>Vote:</u>	ive date, if other than the date of filing: 11-28-2022 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
reco: Lis ti	rd 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 led.
ated	November 03 2022
	$K//L_{\Delta}$
	Signature of a member or authorized representative of a member Leonardo Arroyo

Filing Fee: \$25.00