L2200323270

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(10/3/2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	30A CLEAN -	TEAM LLC	
Sobstici.		ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	BYAN	KHAN Name of Person	
	1	Name of Person	
	30A	CLEAN TEAM LL	
		Firm/Company	
	495 Grand	Blvd Suite 206	2
		Address	
	Miramar Be	ach Flocicla 36 City/State and Zip Code) 5 50
	30AC Lean	team @ anail - C	CM
	E-mail address: (1	o be used for future annual report notifica	ation)
For further information co	oncerning this matter, please ca	all:	
Rugakh	α 0	at (<u>850)</u> <u>556-0</u> Area Code Daytime T	107
Name o	f Person	Area Code Daytime T	Celephone Number
Enclosed is a check for th	ne following amount:		
图 \$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)
		Street Address:	
Mailing Addres Registration		Registration Sect	
Division of C		Division of Corp	orations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 007 -3 PH 4: 14

30A C. lean Team LLC (Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on $07/21$ Florida document number -29.00323270	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
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)	
B. If amending the registered agent and/or registered office address on our records, en agent and/or the new registered office address here:	nter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street ad	ldress
	, 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 said and I am familiar with and

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>	<u>Address</u>	Type of Action
AMBR	Ryan kran	495 Grand BLUD SUITE 20	DC €Add
		Miramar Beach, FL 32550	□Remove
			□Change
AMBR	Jenice M. Cruz Casi	illo 495 Grand Blud suite 201	<u>o</u> ⊠Add
		Miramar Beach, FL 32550	□Remove
			□Change
			□Add
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_	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	re date, if other than the date of filing:
e record rd 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 d.
Dated ₋	10/3/22
	Signature of a member or authorized representative of a member
	Organisa view view view view view view view view

Filing Fee: \$25.00