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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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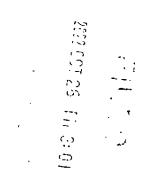
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A. RIVERS
JAN 1 8 2023



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COVER LETTER

TO: Registration Section Division of Corporations			
enniezer.	WE CLEAN	ALL LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Franklin Balon Name of Person	
		FirnvCompany	
	353	E. 44xh St. Address	
		Address	
	Jen	City/State and Zip Code	<u> </u>
	Nêw new G E-mail address: (1570 yahoo com to be used for future annual report notifice	ition)
For further information c	oncerning this matter, please c	alt:	
Frankly Name o	n Breton f Person	at (GO4) 860 - 03 Area Code Daytime T	clephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	on
Division of C	orporations	Division of Corporations	
P.O. Box 632 Tallahassee, I		The Centre of Tal 2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were tiled on	WE CL	EAN ALL	LL	<u>C</u>			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Frankin's Cleaning Hemiting Services LLC 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(<u>Name of the Limited</u> (A	<u> Liability Compa</u> Florida Limited L	ny ay it now appe iability Company	ars on our records.))			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Frankin's Cleaning Hamling Services LLC 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 BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	The Articles of Organization for this Limited Liab	oility Company	were filed on _	9/4/22		and assign	ed
Frankin's Cleaning of Hamling Services LLC 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, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:							
Frankin's Cleaning of Hamling Services LLC 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, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	A. If amending name, enter the new name of the	he limited liabi	lity company l	nere:			
(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, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	• • • • • • • • • • • • • • • • • • • •				LLC r the abbrevi	ation "L.L.C.	
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, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter new principal offices address, if applicab	ole:					
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(Principal office address MUST BE A STREET.	ADDRESS)					
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:				<u> </u>			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	•						
Name of New Registered Agent: New Registered Office Address:	(Mailing address MAY BE A POST OFFICE BO	<u>O.V.</u>					
	agent and/or the new registered office address		ddress on our	records, <u>enter th</u>	e name of	the new re	egistere
	New Registered Office Address:						
Enter Florida street address			Enter Fl	orida street address			
City Florida Zip Codk\$			Сіцу	, Flori	da	ip Codes	••••
New Registered Agent's Signature, if changing Registered Agent:						, 1	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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.	provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg	and complete gred agent as p gistered office	performance of rovided for in	of my duties, and Chapter 605, F.S	Lam famii 8. Or, if th	liar with a is döcume Uliabifity	nd -3

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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
<u></u>			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
		-	□Remove
			□Change
		 	
			□Remove
			□Change
			⊡Add
			□Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note: If t	date, if other than the date of filing: Oqiq vov (optional) ve 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
ord is filed.	
Dated	10/23 , 2022 . Family fair Signature of a member or authorized representative of a member
	\mathcal{L}_{i}
	Signature of a member or authorized representative of a member
	Franklin Bacon

Filing Fee: \$25.00