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(Re	equestor's Name)	
		
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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. COVER LETTER

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		indow Cleaning, LLC	7⊷		·
SUBJECT	l':	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ondence concerning this matter	to the following:		
		Alexander Hulbert			
			Name of Person		
		-	Firm/Company		
		241 W 3rd Ave. Apt 3			
		Mount Dora, FL 32757	Address		
		alexanderhulbert@icloud.co	City/State and Zip Code		
		E-mail address: (to be used for future annual rep	ort notification)	
		oncerning this matter, please c		000	
Alexander	Hulbert		352 409-3		·
	Name o	f Person	Area Code	Daytime Telepho	one Number
Enclosed i	s a check for tl	ne following amount:			
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
X.	lailing Addres	·«·	Street Addi	ress:	
	legistration S			on Section	
	Division of C		_	of Corporatio	ns
	.O. Box 632		The Centr	e of Tallahas	see
T	allahassee, l	FL 32314	2415 N. N	Monroe Street	, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wipeout Window Cleaning, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
lorida document number 1.22000456459		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	sility company here:	
leatwave Window Cleaning, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		<u>~~~~</u>
		ZOZZ NOV
Inter new mailing address, if applicable:		28
• • •		SSE P
Mailing address MAY BE A POST OFFICE BOX)		E C
		一
If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Ziv 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 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
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			\Add
			☐ Change
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Signature of a member of authorized representative of a member		Signature	of a member of authorize	d representative of a m	nember	
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