122000478540

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
jded in cerror
Office Use Only

7 500400521645 7 byh?

2023 JAN 24 AM 6: 29

	AMENDMENT		
TO ARTICLES OF ORGANIZATION			
)F		
(Name of the Limited Liability Comp (A Florida Limited	TMS Cleaned through		
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L2200478540}$.	were filed on $11/8/22$ and assig		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	d Thoroughly LLC lity Company," the designation "L.L.C" of the abbreviation "L.L.C		
Enter new principal offices address, if applicable:	5885 Edenfield Ko		
(Principal office address MUST BE A STREET ADDRESS)	- APT EY		
Enter new mailing address, if applicable:	JAX FL 37211 5885 Edenfield kd		
(Mailing address MAY BE A POST OFFICE BOX)	ADT EY		
	jax FL 32277		
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 the name of the new reg</u> i		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	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 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.

	$\mathbb{S}^{\mathbb{Z}}$	4 4	र अञ्चल ट्री
	So.	2	
If Changing Registered Agent, Signature of New	Reitister	ed Agent	(united)
	ゴゴ	ů.	Equa
	$r \leq r$	\sim	
	ፖብ	9	

If amending Authorized Person(s) authorized to manage. enter the title, name, and address of each person <u>t</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of .
			🗆 Add
		<u> </u>	🗆 Remo
			🗆 Chang
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
		·	🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			Change
		- ابت ال (: : - : : : : : : : : : : : : : : : : :	Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	· · · · · · · · · · · · · · · · · · ·	 	
· · · · · · · · · · · · · · · · · · ·		 	 — <u> </u>
	-	 	
		 · · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	 	

E. Effective date. if other than the date of filing: _______(optional) (If an effective 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 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th document's effective date on the Department of State's records,

If the record 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 record is filed.

Dated January 17th 2023.	SECRETAR TALLAH	2023 JAN 21	- 1971 - 1942 - 1944 -
Signature of a member or authorized representative of a member	5	÷	
- Riema Stone	SEE.	AM 6:	نين سوير سوير
Typed or printed name of signee		29	

Filing Fee: \$25.00

Karen Lovelace Regulatory Specialist II New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

I am writing you concerning a name error on your end that may have been missed. My LLC name is supposed to be A&K's Cleaned Thoroughly instead it is listed as A&K'S Cleaned Thoroughly LLC.

I spoke to a representative and was advised that with this amendment form, all fees would be waived due to the error being made by one of your staff members, and the document was supposed to be rejected because of the special characters but was still submitted and accepted.

Thank you for understanding and resolving the issue.

I look forward to receiving the corrected information.

Sincerely,

Kieona Stone

TALLANSY OF STATE