L23000008897

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COVER LETTER

	istration Se ision of Cor					
SUBJECT:	2CLEANC	REW "LLC"				
SUBJECT:		Name of Lim	nited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		george covington iv				
			Name of Person			
		2CLEANCREW "LLC"				
			Firm/Company			
		212 duval ave			202	8 2
			Address		A-U	O MOISLAIG
		interlachen fl 32148			2023 AUG 21	107 C
			City/State and Zip Code	···) 1470 1281
		2cleancrewllc@gmail.com			PH 12: 40	- 第6 - 23章
		E-mail address: (to be used for future annual report notifi-	cation)	0,1	
For further in	nformation c	oncerning this matter, please c	all:			
george covir	ngton iv		386 983-9645 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional cop	of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2CLEANCREW "LLC"		
(Name of the Limited Liab (A Flori	ullity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on january 4th 2023	and assigned
Florida document number L23000008897	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADL	DRESS)	3
		<u> </u>
Enter new mailing address, if applicable:	- 	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register gent and/or the new registered office address here		ame of the new reg
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	Enter Florida street address, Florida City	Zip Code

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
MGR	Emmaleigh A Vestal	212 duval ave interlachen fl 32148	= Add
			□Remove
			□Change
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			Remove
			2 72
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Change

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic	to date of filing or more than 90 days after filing.) Pursuant to 605.02 able statutory filing requirements, this date will not be listed
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective ti	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
August 13th 2023	·
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	1. Z
Heavy airighm	orized representative of a member