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Certified Copies	_ Certificates	of Status
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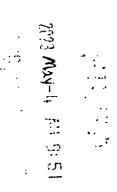
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COVER LETTER

Registration Section Division of Corporations

TO:

Mr. Clear	1 Enterprise		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	James Derry		
		Name of Person	
	Mr. Clean Enterprise		
		Firm/Company	
	100 South Ashley Dr		ZEOZAMA Y II
		Address	4
	Tampa/FL 33602		
		City/State and Zip Code	951
	jd@mrcleanmotors.com		5
	E-mail address: (to be used for future annual report notifica-	ation)
For further information	concerning this matter, please c	all:	
James Derry		813 590-9401 at()	
Name	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for	the following amount:		
□ \$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)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations Iahassee Street, Suitc 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mr. Clean Enterprise			
(Name of the Limite	ed Liability Compa A Florida Limited I	ny as it now appears on our : Liability Company)	records.)
The Articles of Organization for this Limited Listorida document number L23000022080	ability Company	were filed on Jan 10.2023	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	100 South Ashley Dr	
Principal office address MUST BE A STREE	T ADDRESS)	Suite 600	
		Tampa, FL 33602	15. 23
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	ROV)	100 South Ashley Dr Suite 600	
<u> </u>	, , , , , , , , , , , , , , , , , , , 	Tampa, FL 33602	
B. If amending the registered agent and/or re agent and/or the new registered office addres		address on our records, <u>s</u>	enter the name of the new regis
Name of New Registered Agent:	James Derry		
New Registered Office Address:	100 South Ashl	ley Dr Suite 600	- II
	•••	Enter Florida street	
	Tampa	City	, Florida 33602
		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 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 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>	<u>Name</u>	Address	Type of Action
AMBR	James Derry	100 South Ashley Drive	≣ Add
		Suite 600	□Remove
		Tampa. FL 33602	Change
AMBR	James James	10379 Alder Green Dr	□Add
		Riverview. FL 33578	■ Remove
			Change
			Add →
			□Remove
			© Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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