## L23000060573

(Requestor's Name)
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(Addiess)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
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A. RIVERS MAY - 7 2023



### \*\*\*IMPORTANT NOTICE\*\*

PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

# INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST

RENO. NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Friday, March 03, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

 Articles of Amendment For: CALLED2CLEAN, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

## Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

### **COVER LETTER**

TO:

то:	Registration Se Division of Cor						
SUBJ	ect: <u>Called</u>	2CLEAN, LLC	ited Liability Company				
		Name of Lim	ited Liability Company				
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Corporate Maintenance Lead					
			Name of Person				
		Proc	essing Department				
			Firm/Company				
		1	450 Vassar St				
Address							
			Reno, NV 89502				
			City State and Zip Code	<del></del>			
		E-mail address: (to be used for future annual report notification)					
For fu	rther information c	oncerning this matter, please ca	·				
	Process	ing Department	at ( 800 ) 638-2320				
		f Person	Area Code Daytime	: Telephone Number			
Enclos	sed is a check for th	ne following amount:					
	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy Gadditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations			

Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALLED2CI	•
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000060573</u>	were filed on 02/01/23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	1829 Alberta Dr
(Principal office address MUST BE A STREET ADDRESS)	Clearwater FL. 33756
Enter new mailing address, if applicable:	1829 Alberta Dr
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater
B. If amending the registered agent and/or registered o	FL. 33756  flice address on our records, enter-the name of the ne
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

#### 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.

(12

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Sandra Renaud	1829_Alberta_Dr	
		Clearwater	Remove
		FL, 33756	☐ Change
		·	Remove
			Change
			Add
			☐ Remove
			☐ Change
·	<del></del>		Add
			☐ Remove
			Change
···			🖸 Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change

D. If amendi	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
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-	
	NI/A
Note: If th	ate, if other than the date of filing: N/A (optional) 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) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: n day after the record is filed.
Dated 1	Jarch 1 2023.
	Jarch 1 2023.  Signature of a member of authorized representative of a member
	Sandra Renaud

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Typed or printed name of signee

Filing Fee: \$25.00