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COVER LETTER

TO: Registration Section

Division of Cor	porations		
CLEAN SV	WF LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Merci Elena Uribe		
Please return all correspo	ondence concerning this matter	to the following:	
	Merci Elena Uribe		
	J. A	Name of Person	
	700	Firm/Company	
	8244 Key Royal Cir		
		Address	-
	Naples Florida 34119		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification
For further information c	oncerning this matter, please c	all:	
Merci Elena Uribe			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee, I			be Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CLEAN SWF LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our record Liability Company)	15.1
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000088696</u>	were filed on 20/02/2003	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
GLOBAL SOLUTIONS MCC, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1912 NE 4TH PL	
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33909	202 4
		SE SE
Enter new mailing address, if applicable:	Solutioneells@gmail.com	ALS ALS
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office : igent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addres	N)
		oridaZip 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR =	Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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		·	□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			🗆 Add
			□Remove
			□ Change

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ote:	e date, if other than the dative date is listed, the date must be the date inserted in this block at's effective date on the Department.	adoes not me	eet the applical	o date of filing or n ble statutory filin	(o nore than 90 days a g requirements.	ptional) after filing.) Pursuant to this date will not be	605.020 listed a
ecord is file	specifies a delayed effective d d.	ate, but not a	in effective tim	ne, at 12:01 a.m.	on the earlier of	: (b) The 90th day (ifter the
ited _	September	12 .	2024	_•			
		\mathcal{A}	1				

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

Filing Foot \$25.00