Torida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : BAKER & HOSTETLER LEP

Account Number : 119998000677 Phone : (407)649-4016 Fax Number : (407)841-0168

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

> > Email Address:americancleanersorlando@gmail.com

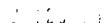
REPAYERS PERSONAL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUMBY PROPERTY HOLDINGS II, LLC

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Tallahassee, FL 32314

COVER LETTER

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	ation Sect n of Corpo			
	Bumby Pro	operty Holdings II, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed Ar	ticles of A	mendinient and fee(s) are sub-	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Keith Durkin		
			Name of Person	
		Baker Hostetler	, LLP	
		-	Firm/Company	
		200 South Oran	nge Avenue, Suite 2200	
			Address	
		Orlando, Florid	da 3280i	
			City/State and Zip Code	
		ishukacii@gn E-mail address: (nail com to be used for future annual report noti	fication)
For further infor	mation co	ncerning this matter, please co	ali:	
Keith Di	urkin		at (<u>407</u>) 649-4005	5
	Name of	Person		e Telephone Number
Enclosed is a che	eck for the	following amount:		
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Mailine	g Address	,	Street Address:	
Regist	tration S	ection	Registration Se	
	on of Co Box 6327	orporations 7	Division of Cor The Centre of T	-

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

1/26/2024 12:24:08 PM

Spencer, Donna BakerHostetler

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ARTICLES OF AMENDMENT TO

H24000032686 3

ARTICLES OF ORGANIZATION OF

Liability Company)	<u>s.</u>)
were filed on02/28/2023	and assigned
ility company here:	
ity Company," the designation "LLC"	" or the abbreviation "L.L.C."
	
address on our records, <u>enter</u>	TALL AND 26 PH 3: the name of the Rew registered
P. Ch. H. A. A. Addres	
	orida Zip Code
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ree to act in this capacity. I fur performance of my duties, ar provided for in Chapter 605, a address, I hereby confirm the	F.S. Or, if this document is
i : :	ity Company here: ity Company," the designation "LLC charter Florida street addres Enter Florida street addres City ee to act in this capacity. I furperformance of my duties, as provided for in Chapter 605,

1/26/2024 12:24:10 PM

Spencer, Donna

BakerHostetler

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	John Shakarji	616 Bumby Avenue	□Add
		Orlando, Florida 32803	□□Remove
			□Change
			□Add
			Remove
			□Change
			☐Add
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zeord specif is filed.	es a delayed offe	ctive date, but no	d an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
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ted	<u> </u>	Signature of a	Chiember or poly	// prized representative	e of a member	