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SECRETARY OF START

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Insp	ector Klean Buil Name of Limi	ding Care LLC. ted Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Cornelius	Smith Sr. Name of Person	
		Firm/Company	
	38439 5+LA	ve # 1059	
		FL 33542 City/State and Zip Code	
	Inspector K	lean a gmail. Com	cation)
For further information co	ncerning this matter, please ca		
Cornelius Name of	Sm: 74_ Sc	at ( <u>\$13</u> ) <u>406-4</u> Area Code Daytime	6.6.1 Telephone Number
Enclosed is a check for the	e 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 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

Inspector Klean Build (Name of the Limited Liability Compa- (A Florida Limited I	ny as t now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000 1005 74</u>	were filed on $\frac{02/24/2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	,
Enter new principal offices address, if applicable:	38439 5th Ave # 1059
(Principal office address MUST BE A STREET ADDRESS)	Zephyrhills, FL 33542
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	38439 5th Ave # 1059 Zephyrh. 113, Fl 33542
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	2023 SEC
Name of New Registered Agent:	
New Registered Office Address: 38439	51 1ve #1059 55 45 55 Enter Florida street address
2ephyr.	St. Le #1059 Enter Florida street address  Florida 33542
, ,	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 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	Kristi L. Serrano	38439 5th Ave # 1059	( <b>X</b> /dd
		38439 5th Ave # 1059 2 ephryhills, FL 33542	□Remove
			□Add
			□Remove
			☐ Change
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		<del></del>	□Remove
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	865 <b>6</b>
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)
e: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day after the
tiled.	
ed Apr. 128 2023.	

Filing Fee: \$25.00