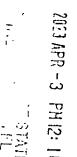
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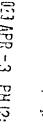
(Requestor's Name)
(Address)
(Address)
· · · ·
(City/State/Zip/Phone #)
(Only/State/Zip/i Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
· ·
Certified Copies Certificates of Status
Germanica de Piares
Special Instructions to Filing Officer:

Office Use Only



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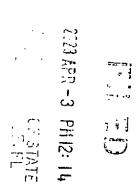
PLEASE SEND ALL DOCUMENTS – APPROVED OR REJECTED TO THE ADDRESS BELOW.

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: Wednesday, March 22, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment

For: NO STRESS KEEP IT CLEAN FL, LLC

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

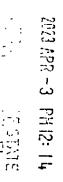
Filing Fee

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:	Registration Sec Division of Corp			
SUBJE	CT: NO STRE	ESS KEEP IT CLEAN F	FL. LLC	
	<u> </u>	Name of Lim	ited Liability Company	·
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Corpor	ate Maintenance Lea	ad
			Name of Person	
		Proc	essing Department	
			Firm Company	20
	1450 Vassar St			2023 APR
		· · · · · · · · · · · · · · · · · · ·	Address	
			Reno, NV 89502	ယ် * - အ
		·	City State and Zip Code	PH12: 14
		Famul address:	to be used for future annual report notifi	cotion)
For fur	ther information co	oncerning this matter, please of	·	
	Process Name of	ing Department	at (800) 638-2320 Daytime	Telephone Number
	ivality (r	i i Cixon	Area Coge Dayane	retemble Number
Enclose	ed is a check for th	ae following amount:		
☑ \$2:	5.00 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/COURIF Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NO STRESS KEEP	•	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Liability Company	were filed on 03/02/23	and assigned
Florida document number <u>L23000110279</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
		28
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:	1000 E Lakes Drive	
(Principal office address MUST BE A STREET ADDRESS)	Deerfield, FL 33064	<u> </u>
		<u> </u>
		Section Sectio
Enter new mailing address, if applicable:	1000 E Lakes Drive	- I
(Mailing address MAY BE A POST OFFICE BOX)	Deerfield, FL 33064	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the nev
Tegories again than the first tegories were the second	. .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da
	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
MGR_	Rosimeyre Faiotto	1000 E Lakes Drive	
		Deerfield, FL 33064	Remove
		<u> </u>	Change
MGR_	Camila Frigoletto	1000 E Lakes Drive	
		Deerfield, FL 33064	Remove
			Change
			Remove
			☐ Change
			☐ Remove
			Change
			Add
			🗆 Remove
			□ Change

D. If amer	iding any other information, er	ter change(s) here: /Attach additional	sheets, if necessary.)
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Note:		s not meet the applicable statutory filing rec	(optional) nan 90 days after filing.) Pursuant to 605,0207 (3)(b quirements, this date will not be listed as the
	ord specifies a delayed effec 90th day after the record is	tive date, but not an effective time filed.	7 783 123
Dated_	March 21		23 FR
		But Into	<u> </u>
	Signatu	re of a member or authorized representative of a	
		Rosimeyre Faiotto	

Page 3 of 3

Typed or printed name of signee

rri 🗜

Filing Fee: \$25.00