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COVER LETTER

Registration Section Division of Corporations

TO:

Fleek Envi	ronmental, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kliment Gubehak		
		Name of Person	
	Fleek Environmental, LLC		207
		Firm Company	
	16269 Arcuro Ave		1
		Address	
	Port Charlotte, FL 33954		2072 :
		City State and Zip Code	ω
	kliment@fleekenvironment		
	E-mail address; (to be used for future annual report i	notification)
For further information c	oncerning this matter, please c	all:	
Kliment Gubchak		971 772-8772	
Name o	f Person	at ()	time Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ 855,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17		Section Corporations f Tallahassee proe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fleek Environmental, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/21/2023}{1}$ Florida document number L23000143288 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

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	Kliment Gubehak	16269 Arcaro Ave	≣ Add
		Port Charlotte, FL 33954	□Remove
			□ Change
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Effective date, if other than the da	te of filing:		(optional)	
Effective date, if other than the da fan effective date is listed, the date must be <u>Note:</u> If the date inserted in this block					
document's effective date on the Depa					
e record specifies a delayed effective di rd is filed.	nte, but not an effectiv	e time, at 12:01 :	a.m. on the earlier c	f; (b) The 90th day a	ifter the
April 3rd	2023	17 1			
Dated		<u> </u>			
		11/2			

Typed or printed name of signee