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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTOCLEAN SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

APR 1 8 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Autoclean Service LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/27/23	and assigned
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 I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		023
		023 APR
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off	ice address on our records, enter th	ne name of the new registered
agent and/or the new registered office address here:	te address vii vii records <u>cinerii</u>	it many of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
-	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
MGR	Iriarte Da Silva, Gabriela Valentina	7901 4th St N STE 300	_ 🛭 Add
		St. Petersburg FL 33702	_ 🗆 Remove
			_ □Change
		w	_ 🗆 Add
			_ □Remove
			_ Change
			2023 APR ET PA
			PHOCHANGE D
			_ □Remove
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			_ DChange
			_ □Add
			Remove

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Typed or printed name of signee