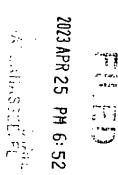
L23000182925

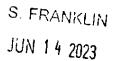
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zip/r Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000407370900





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHIRLEY'S CLEAN COME TRUE 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 Co	mpany were filed on $\frac{4/13/2023}{2023}$ and assigned
Florida document number <u>L2300018292</u> 5	<u>-</u> ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
SHIRLEY'S CLEAN CO. The new name must be distinguishable and contain the words "Limit	ME TRUE LLC ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1158 WHITE PINESDRIVE
(Principal office address MUST BE A STREET ADDRE	WELLINGTON, FE 33414
	OF PERSON
Enter new mailing address, if applicable:	1158 WHITEPINE 19TIVE
(Mailing address MAY BE A POST OFFICE BOX)	Wellington, FC-38414
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	SHIRLEY Sibaja
New Registered Office Address:	1158 WHITEPINE DRIVE Enter Florida street address
_W	ELLINGTON, Florida 33414 Zip Code
at the first of the state of the state of	A A .

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
AMBR	Stirley Sibaja	1158 WHITEPINE	Dr. D'Add
		WEILINGTON, FL 334	14 □Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			Change
			□Add
			🗆 Remove
			□Change

_	
_	
_	
_	
_	
-	
_	
	· · · · · · · · · · · · · · · · · · ·
-	
_	
_	
_	
_	
_	
f an effi <u>Note:</u>	ve date, if other than the date of filing: 11/12/203 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
record is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	04/19/ 2023 Signature of a member or authorized representative of a member
	SHirley Barbara Sibaja Typed or printed name of signee

Filing Fee: \$25.00