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C/ 4/20/2023

COVER LETTER

Division of Corporations
SUBJECT: (Lean Water Company) Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vincent Manglone Name of Person
Clean water Bros
SOO E Las olas Blud upt 3104
Soft Laurel dale FL 133361 City State and Zip Code
E-mail soldress: (to be used by future annual report notification)
For further information concerning this matter, please call:
Name of Person at (631) 536 - 2559 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION **OF**

Clean water BYOS LLC

2023 HAY 26 AH 7: 55

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I,	i ny as it n<u>o</u>w : Liability Comp	ippears on our pany)	records.)	
(A Florida Limited I.) The Articles of Organization for this Limited Liability Company Florida document number 123000211184	were filed o	m 4/25	11523	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility compa	ny here:		
The new name must be distinguishable and contain the words "Limited Liability".	lity Company.	" the designatio	n "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Keep	same		
(Principal office address MUST BE A STREET ADDRESS)				
				
Enter new mailing address, if applicable:	Morp	San (
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on o	our records,	enter the <u>na</u>	me of the new registered
Name of New Registered Agent:				
New Registered Office Address:				~-
	Enter Florida street address			
	City		Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	***			,
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been natified in writing of this change	performane rovided for	ce of my dut r in Chapter	ies, and Lan 605, F.S. O.	r familiar with and r, if this document is

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>	<u>Address</u>	Type of Action
Manager	Blake Fleshman	Lantana florida 33462 apt 3	JAdd Bolin
			□Remove
Μαπαθεγ	Cedvic Duval	1701 East 12th Street W22R Cleveland other 44114	□Change
		Cleveland OHIO 49114	□Remove
			□Change
Manager	Vihent Mangiche	500 E Las clas 61VM. fort Lauderdall florida 33301	
			□Remove
		To Manager Change	_ Lange
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□ Change
			□Add
			□Remove
			□Change