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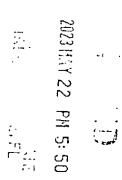
(Requestor's Name)		
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
. CLEAN C	ONNECT LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YOEL GAMBOA VICEN	ds.	
		Name of Person	
		Firm/Company	
	4435 TOUCHTON RD E		
	_	Address	
	JACKSONVILLE, FL 322	246	
		City/State and Zip Code	
	yoelgamboa95@gmail.com		
		to be used for future annual report no	etification)
For further information of	concerning this matter, please c	all:	
YOEL GAMBOA VICE	ENS	786 719-9828 at ()	
Name o	of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 Addres		Street Address:	
Registration Section		Registration S Division of Co	
Division of Corporations P.O. Box 6327		The Centre of	3
Tallahassee, FL 32314			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEAN CONNECT 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 $\frac{05/09/2023}{1}$ Florida document number L23000229566 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 "L.L.C." 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

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	YOAN GAMBOA	2248 Willow Glen Ln, Green Cove Springs, FL 3204	13 ■ Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
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		🖾 Add	
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		□Add	
		□Remove	
			□Change

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.—	
Note: If	date, if other than the date of filing:
ne record : ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
Dated _	ay, 10th 2023
_	
	Signature of a member signature of a member
	YOEL GAMBOA VICENS
	Typed or printed name of signee