L23000270583

(Requestor's Name)
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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations		
erin i		ANLINESS LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		ABIT YBARRA GONZAI	LEZ	
			Name of Person	
			Firm/Company	
		1014 NW 8TH STREET R	.D	
			Address	
		MIAMI FL 33136		
			City/State and Zip Code	
		abitmarylux@outlook.com		
		E-mail address: (to be used for future annual report noti	neation)
For fu	rther information co	oncerning this matter, please ca	all:	
ABIT	YBARRA GONZA	ALEZ.	at (786) 647	-0645
	Name of	Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	e following amount:		
≡ \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABIT CLEANLINESS LLC					
(<u>Name of the Limi</u>	ted Liability Company as it nov (A Florida Limited Liability Co	w appears on our records.) inpany)			
he Articles of Organization for this Limited L	iability Company were filed	d on JUNE 5, 2023	a	nd assign	ied
orida document number L23000270583	·				
his amendment is submitted to amend the fol	lowing:				
. If amending name, enter the new name of	of the limited liability comp	pany here:			
ne new name must be distinguishable and contain the	words "Limited Liability Compar	ry," the designation "LLC" or th	ie abbreviat	ion "L.L.C	
nter new principal offices address, if appli	cable:				
Principal office address MUST BE A STREE	ET ADDRESS)				
			<u>,</u>	<u>~</u> ——	
				N 3	
nter new mailing address, if applicable:				SF -	<u>11</u>
Mailing address MAY BE A POST OFFICE	BOX)			- ا	
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. If amending the registered agent and/or	=	n our records, <u>enter the r</u>		ne new r	egist
gent and/or the new registered office addre	ess here:		ri (.J	
Name of New Registered Agent:	ABIT YBARRA GONZA	LEZ			
New Registered Office Address:	1014 NW 8TH STREET	RD			
		Enter Florida street address			
	MIAMI	, Florida	33136		
	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
AMB	ABIT YBARRA GONZALEZ	1014 NW 8TH STREET RD	🗀 Add
		MIAMI FL 33136	□Remove
			■Change
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			Change

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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. The 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 is filed. The 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 is filed.						
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ACT X JAMA		ve date, but not an e	effective time, at	12:01 a.m. on the e.	arlier of: (b) The 9	Oth day after the
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Signature of a member or authorized representative of a member		AM	MAMA-D	w\		
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Filing Fee: \$25.00