	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
<u> </u>	(Business Entity Name)	
(	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer;	
	Office Use Only	<u></u>



900412153789

**%**/09/23--01010--002 **₩2**5.00

RECEIVED

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
SUBJECT: CLQ	rology Clear	nited Lipbility 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:	
	Ayssa Tha	Name of Person	
	Cleanology (	Leening LLC Firm/Company	F.3
	1413 N FI	Sue blud Address	
	cocoa f	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	(fication)
For further information c	oncerning this matter, please c	aH:	
Ayssa Ta	Person	at ( <u>321</u> ) <u>45 9</u> Area Code Daytin	4947 ne Telephone Number
Enclosed is a check for th	ne following amount:		
X: \$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 Registration 5		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	rporations
P.O. Box 632		The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cleans Logy ( Leaning LLC Majne of the Limited	npany as it now appears on our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>LQ3000337081</u>		i
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	iability company here:	
The new name must be distinguishable and contain the words "Limited Lial	ability Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	l Loo	
Enter new mailing address, if applicable:		···-
(Mailing address MAY BE A POST OFFICE BOX)	: ; 	
	చ	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new reg</u>	sterec
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	
	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 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>	Name	Address	Type of Action
MBR	Alyssa Thathy	1413 Nfishe blud	□Add
	J	Cocon FL 32922	<b>X</b> Remove
			□Change
			🖸 Add
			□Remove ′
			. ☐ Change
			1 □Add 
		<del></del>	□Rēmove
			 □Change
	-		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		<del> </del>	□Change
			🗆 Add
			□Remove
			□Change

			<del></del>
			~?
			;
			+57 17
		<u> </u>	<del>-                                    </del>
Tective date, if other than the date of filing: Some effective date is listed, the date must be specific and cannot ote: If the date inserted in this block does not meet the ocument's effective date on the Department of State's	applicable statutory film	( <b>option</b> ) ore than <sup>9</sup> 0 days after fili g requirements, this di	ul) ng.i Pursuant to 605/02 ite will not be listed
ecord specifies a delayed effective date, but not an efficient.	ctive time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
ned August 9th 2	<u>6</u> 3		
ned Hyust 9th 2  Ally Signature of a member	or authorized representative	of a member	
<i>t</i> 1	,	•	

Filing Fee: \$25.00