

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIGHTER HOME CLEANERS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

T. LEMIEUX

JAN 04 2024

Electronic Filing Menu

Corporate Filing Menu

Fex: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Brighter Home Cleaners LLC | | |
|---|--|----------------------------------|
| (Name of the Limite | ed Liability Company as it now appears on our recor (A Florida Limited Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Lie | | and assigned |
| Florida document number L23000348968 | | |
| This amendment is submitted to amend the follo | owing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| Chameleon Creations LLC | | |
| The new name must be distinguishable and contain the we | ords "Limited Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | able: | |
| (Principal office address MUST BE A STREE | T ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE I | <u></u> | |
| | | |
| | | (w) (m) |
| B. If amending the registered agent and/or re | | r the name of the new registered |
| agent and/or the new registered office addres | s here: | : |
| | | (J) |
| Name of New Registered Agent: | | - 0 - 0 |
| New Registered Office Address: | | <u>۔</u> ب |
| | Enter Florida street addre | 2 |
| | , FI | lorida |
| | 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 |
|--------------|-----------------|--------------------------|------------------|
| AMBR | VELEZ, VERONICA | 7901 4TH ST N STE 300 | 🖸 Add |
| | | ST. PETERSBURG, FL 33702 | X •Remove |
| | | | Change |
| AMBR | PABON, HECTOR | 7901 4TH ST N STE 300 | □Add |
| | | ST. PETERSBURG, FL 33702 | |
| | | | □Change |
| AMBR | VELEZ, VANESSA | 7901 4TH ST N STE 300 | X IAdd |
| | | ST. PETERSBURG, FL 33702 | □Remove |
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| Note: If | te, if other than the date of filing: | .0207 (3) :d as the |
| e record s rd is filed | fies 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 01 | . 2024 | |
| | Signature of a member or authorized representative of a member | |

Typed or printed name of signee