

L23000366167
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PEDRO LUZQUINOS
Account Number : 120170000042
Phone : (954)655-8413
Fax Number : (954)432-8807

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

Email Address: PLUZQUINOIF@HOTMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE CLEANFIX CREW LLC

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COVER LETTERTO: Registration Section
Division of Corporations

SUBJECT: THE CLEANFIX CREW LLC

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:

CRESPO, LUIS A.

Name of Person

Firm/Company

22605 SW 66TH AVE #107

Address

BOCA RATON, FL 33428

City/State and Zip Code

luis@thccleanfixcrew.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO LUZQUINOS

954

655-8413

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE CLEANFIX CREW 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 08/03/2023 and assigned
Florida document number L23000366167.

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)

22605 SW 66TH AVE #107

BOCA RATON, FL 33428

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22605 SW 66TH AVE #107

BOCA RATON, FL 33428

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:

CRESPO, LUIS A.

New Registered Office Address:

22605 SW 66TH AVE #107

Enter Florida street address

BOCA RATON

Florida 33428

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.

Luis A. Crespo

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
AMBR	CRESPO, LUIS A	6404 TIMBERLAKES WAY	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CRESPO, LUIS A	22605 SW 66TH AVE #107	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MONSANT, JUAN J	6404 TIMBERLAKES WAY	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MONSANT, JUAN J	22605 SW 66TH AVE #107	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MEDINA PINEDA, CYNTHIA M	6404 TIMBERLAKES WAY	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MEDINA PINEDA, CYNTHIA M	22605 SW 66TH AVE #107	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated NOVEMBER 22, 2023

Luis A. Crespo

Signature of a member or authorized representative of a member

CRESPO, LUIS A

Typed or printed name of signee

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Filing Fee: \$25.00