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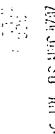
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TWICE AS Bright Name of	Claning LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
E	Name of Person
Twice As	Bright Cleaning LLC Firm/Company
5936	Mirror Lake BLVD Address
San	City/State and Zip Code
<u>Elizabett</u> E-mail addre	ss: (to be used for future annual report notification)
For further information concerning this matter, please	se call:
Elizabeth Emory Name of Person	at (941) 961 - 8129 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

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

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

(A Florida Limited Lia	ibility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number $93-4564190123000$	ere filed on <u>11-27-2623</u> 20093	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	viation "L.L.C."
Removing Francipal Office  Betterment productions address, if applicable:	Elizabeth Emory	
(Principal office address MUST BE A STREET ADDRESS)	5936 Mirror Lake	BLVD
	Sarasota FL 342	138
		2
Enter new mailing address, if applicable:	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	021
(Mailing address MAY BE A POST OFFICE BOX)		
	•	ဒ
B. If amending the registered agent and/or registered office add	d	
agent and/or the new registered office address here:	dress on our records, enter the name o	i the new registered
		<del>=</del>
Name of New Registered Agent:		
New Registered Office Address:		
<i>'</i>	Enter Florida street address	
	Florida	
<u> </u>	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>	<u>Name</u>	Address	Type of Action
MGR	Elizabeth Emory	2554 joth Street	🗆 Add
0,00,00		Scirasota FL 34237	Remove
			□Change
1.0			□Add
It cir Please	ly other Information at 91	tion is needed 11-961-8129	🗆 Remove
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<u>te:</u> If the c	e, if other than the date of filing: JCWCVQ 26 2024 (optional) are 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, late inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste fective date on the Department of State's records.	020 :d a:
cord speci	ties 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.	<i>(</i>	
, Fin.	100 20 20 24	
(c) <u>J/4 11</u>	vary 26, 2024	
	/ Cuseutl Es	
	Signature of amember or authorized representative of a member	
	* T	
	thanhotha tomais	