## 12400016932

(Re	questor's Name)	· · ·
•	,	
(Ad	dress)	
(Ad	dress)	
/Ci+	y/State/Zip/Phone #	<u> </u>
(CII	у/отате/Дір/Ріпопе н	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(D)		
(100	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	





000422977130

02/02/24--01038--001 \*\*25,00

2024 FEB -2 PM 4: 09
STATE
STATE
STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	·
SUBJECT: PROLUX CLEAN 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:	
GABIBA REESE Name of Person	
PROLUX CLEAN LLC Firm/Company	<u></u>
3304 PORT ROYALE DR.S. #405	
FORT LAUDERDALE, FL 333  City/State and Zip Code  GABISA PROLUXCLEAN. COM  Formal profess: (to be used for future annual report notification)	35 737
E-mail address: (to be used for future annual report notification	
For further information concerning this matter, please call:	2
	2024 FEB - 2 PH 4: 09 Phone Number
Enclosed is a check for the following amount:	[17]
\$25.00 Filing Fee \$\sum \text{\$\sum \$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\sum \text{\$\cup (additional copy is enclosed)}\$\$\$	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:	

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

PROLUX		<del></del>
(Name of the Limited I	liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi		08 2024 and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		2622
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our reco ere:	rds, enter the name of the new registered
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 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 **Type of Action** Address **Title** Name 1 3304 Port Royale Dr. S. #405 StAdd
Fort Lauderdale, FL 33308 | Remove GABISA REESE AMBR ☐ Change \_ 🗆 Remove \_\_\_\_\_ Change Remove \_\_ Change Remove \_\_ 🗆 Change \_\_\_\_\_ □Remove

\_\_\_\_\_ Change

2024 FET
i m
j. 71
;- ;-
;- T
j. —
-2
TATE 09
-2 PH 4: U