L24000049244

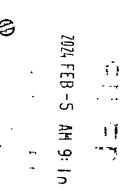
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
name filein
error

Office Use Only

T. SCOTT MAR - 5 2024



800424013668



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Name of Lin	CLEAN IN	SPRVICIS LLC
The enclosed Articles of	'Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following	
		A BUSBURT Name of Person Cleaning	Reyrs SPCV. (15 LLC
		Firm/Company / ROBSON Address	
	I I PAN o	AMPA FL City/State and Zip Code BUS DULF (A) to be used for future annual report not	33604) [M4i/o com
For further information of	oncerning this matter, please o	all:	
I /CANA Name o	BUSQUET Rey	at (\$13) 770 Alea Code Daytin	0-1426 ne Telephone Number
Enclosed is a check for the	he following amount.		
S25.00 Filing Fee	Ll \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Cupy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Maillean Addan			

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

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 LINK Clemning SILVIES LLC

If Changing Registered Agent, Signature of New Registered Agent

- LIVA CIEUR		
(<u>Name of the Limited Liability Com</u> (λ Florida Limite)	pany a A now appears on our records I Liability Company)	.)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia The new name must be distinguishable and contain the words "Limited Liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	orlity Company," the designation "LLC"	or the depreviation "L.L.C."
Enter new principal offices address, if applicable:		124
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		, 0
		<u> </u>
Enter new mailing address, if applicable:		9
(Mailing address MAY BE A POST OFFICE BOX)		· · —
	•	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	City	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F	I I am familiar with and S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			ШRетюvе
			☐ Change
		-	□∧dd
		**	□Remove
			□ Change
<u> </u>			□Add
			Remove
			☐ Change
		~	□Add
			□Remove
			Change
			□Remove
			UlChange
			□Add
			□Remove
			DChange

_		
		_
_		_
=		-
-		_
-		-
_		
_		-
		-
_		-
-		-
_		-
_		_
_		
		-
_		-
		-
_		
-		
If an effe Note: 1	we date, if other than the date of filing: 2/5	5.0207 ed as 1
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aftered.	r the
Dated _	2/5 2024	
	Thans	
	IlogNA BUSQUET RIYLS	
	4- · /	

Filing Fee: \$25.00