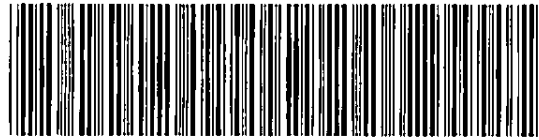


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

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amend

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLEAN BROTHERS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GOUTAM PAI
Name of Person

OAK HILL CLEANERS
Firm Company

6650 OLD WINTER GARDEN RD
Address

ORLANDO FL 32835
City State and Zip Code

CLEANBROTHERS24@gmail.com
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

GOUTAM PAI at 954 909 8799
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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**

CLEAN BROTHERS 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 03/12/2024 and assigned Florida document number 24000123428.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ANKIT KUMAR

New Registered Office Address:

6650 OLD WINTER GARDEN

Enter Florida street address

ORLANDO

City

Florida

32835

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

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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>
<u>P</u>	<u>GOUTAM PAI</u>	<u>3126 Princewood DR</u>	<u>Add</u>
		<u>MINNEOLA FL 34715</u>	<u>X Remove</u>
			<u>Change</u>
			<u>Add</u>
			<u>Remove</u>
			<u>Change</u>
			<u>Add</u>
			<u>Remove</u>
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			<u>Change</u>

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TALLAHASSEE, FL

b) D

Dated 10 1 2024 .

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Amit Kumar
Signed or printed name of signee

Filing Fee: \$25.00