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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tori Cleans LLC	
Name of Limited Liab	ility Company
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Victoria Thom	DSOM ame of Person
Tori Cleans	irm/Company
1417 E. Keysvill	e Rd. Address
Lithia FL 335	tate and Zip Code
Victoria LT 1024 @ E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please call:	
Victoria Thompson Name of Person	at (813) 842-6199 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	55.00 Filing Fee & S60.00 Filing Fee, Certified Copy additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## . ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Iori Cleans LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our re ability Company)	cords.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>し2001は0 は5し</u> .	were filed on April	4,2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		C+,3
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		·
Enter your mailing address if applicables		• •
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street a	ddress
		, Florida
<del> </del>	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
<u>ambr</u>	Victoria Thompson	1617 E Keysville Rd	CAdd
		Lithia, FL 33547	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
		·	Remove
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ective date, if other than the	ne date of filing:  ust be specific and cannot be prior to da	to of filing or more than 00 days	optional)
te: If the date inserted in this b	block does not meet the applicable	statutory filing requirements	this date will not be listed a
nument's effective date on the I	Department of State's records.		
	ive date, but not an effective time,	at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
cord specifies a delayed effecti			
s filed.	2024		
s filed.	2 2024.		
is filed.	2 2024  Ust L. L.  Signature of a member or authorized		