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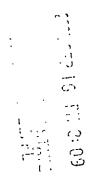
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT: Elife	Clean Effe	rt		
Sobject	Name of Limi	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are subr	mitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	LAUren C	Name of Person		
	Elite Clean	EFFC+ Firm/Company		
	10627 NOVY	ridge U.		
	Trinity, FL	321055 City/State and Zip Code		
	IDSCIDISO CI E-mail address vi	MOJ . COM o be used for future annual report notific	eation)	
For further information co	oncerning this matter, please ca	dl:		
LAUREN CO	DYICUNO Person	at (502) 298 · 7	Celephone Number	
Enclosed is a check for th	•			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate of Certified Copy (additional copy	f Status &
Mailing Address Registration S Division of C	Section	Street Address: Registration Sect Division of Corpo		1
P.O. Box 632		The Centre of Ta		· .

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Clean Effe	0+
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) cd Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on ADY 11, 18, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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)	<u></u>
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 here:	ce address on our records, 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 Age	· · · · · · · · · · · · · · · · · · ·

New Registered Agent's Signature, il 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Ceo	Lauren Cipriano	101027 Northvidge (It Trinity, FL 341055	XAdd
		Trinity, FL 34655	□Remove
			□ Change
	 	<u> </u>	🗆 Add
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