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COVER LETTER

SUBJECT: CLEAN WITH CARE JAX 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: LAUREN D REYNOLDS Name of Person CLEAN WITH C ARE JAX LLC Firms/Company 1710 WELLS RD APT 1222 Address ORANGE PARK 32073 City/State and Zip Code CLEANWCAREJAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAUREN REYNOLS Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (certificate Copy) Certificate Of Status & Certified Copy (certificate Copy is enclosed)				
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CLEANWCAREJAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAUREN REYNOLS 300		ORANGE PARK 32073		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAUREN REYNOLS 904 412-7643 at (City/State and Zip Code	
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Division of Corporations Division of Corporations	Division of C	orporations	Division of Cor	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 SEP 17 PH 4: 44

CLEAN WITH CARE JAX LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| IALL

The Articles of Organization for this Limited Lia	ability Company we	re filed on 09/05/2024	and assigned
lorida document number L24000388835			
his amendment is submitted to amend the follow	wing:		
. If amending name, enter the new name of	the limited liabilit	y company here:	
LEAN WITH CARE JAX LLC			
he new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation "	LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applica	ble:	710 WELLS ROAD APT	1222ORANGE PARK, FL 32073
Principal office address MUST BE A STREET	(ADDRESS)		
	_		
inter new mailing address, if applicable:	<u>1</u>	710 WELLS ROAD APT	1222ORANGE PARK, FL 32073
Mailing address MAY BE A POST OFFICE B	<u>30X)</u>	. <u> </u>	
	_		
 If amending the registered agent and/or regent and/or the new registered office address 		ress on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:	LAUREN D REY	NOLDS	
New Registered Office Address:	1710 WELLS ROA	AD APT 1222	
		Enter Florida street ad	iress
	ORANGE PARK.	FL	Florida 32073
		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
Mgr OWNER	LAUREN D REYNOLDS	1710 WELLS ROAD APT 1222 ORANGE PAR	RK FLORIDA ■Add
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fecti	ve date, if other than the date of filing:	(optional)	
an effe	ctive date is listed, the date must be specific and cannot be prior to date of f the date inserted in this block does not meet the applicable state	filing or more than 90 days after filing	g.) Pursuant to	605.0207 (
	ent's effective date on the Department of State's records.	nory timing requirements, this date	; will not be	nsied as t
record is file	specifies a delayed effective date, but not an effective time, at 12 ed.	2:01 a.m. on the earlier of: (b) T	he 90th day a	ifter the
,	00/11/2024			
ated _	09/11/2024			
	Signature of a member or authorized rep	resentative of a member		•

Filing Fee: \$25.00