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





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CICON & CICON CEPT Name of Limited Liability Company	s LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jennifer Gutierre Name of Person	2
Clean & Clear Confirm/Company	Cepts, LLC
2960 Journey Place	
Saint Cloud, FL 3U City/State and Zip Cod	1771 ic
Clean and address: (to be used for future annu	epts Ocmai L. Com
For further information concerning this matter, please call:	
JENNIFER GUHIEWEZ at (352), Name of Person Area Code	978-8233 Daytime Telephone Number
Enclosed is a check for the following amount:	
	Certificate of Status &
	Address: tration Section
	ion of Corporations
•	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CLEUN & CLEUR CON	repts us	2025 FEB 26 PM 2: 45			
Clean COY (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	TALLAHASSEE, FLORIDA			
The Articles of Organization for this Limited Liability Company v	were filed on 25	ALLAHASSEE, FLORIDA			
Florida document number <u>L25000042</u> 08	lo	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "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 acagent and/or the new registered office address here:	ddress on our records	enter the name of the new registered			
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	City	, Florida			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p					

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>	Name	Address	Type of Action
AP	Nitza Gutierrez	15901 Brodicks Ct	DAdd
		Clermont FL 34711	Remove
			□Change
MGR	Jennifer Gutierre	2 2900 Journey Place	&Add
		Scint Cloud, FL 3477	□Remove
			Change
			□Add
			Remove
			Change
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Filing Fee: \$25.00