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COVER LETTER

TO: Registratio Division of	n Section Corporations			
	AKD CLEANING SER	VICES LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	J	ONATAN G ESCOBAR		
		Name of Person		
	AKD (CLEANING SERVICES LLC		
	Firm Company			
	3525 65TH AVE CIR			
		Address		
	\$	SARASOTA, FL 34243		
	JESUS@	City/State and Zip Code DZASZACCOUNTING.COM	 -	
	E-mail address:	to be used for future annual report no	(ification)	
For further informati	on concerning this matter, please c	all:		
JESUS E MUNOZ		941 226-0735 at ()		
Na	me of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check	for the following amount:			
■ \$25.00 Filing Fe	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKD CLEANING SERVIC	CES LLC			
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabi	s it now appears lity Company)	on our records.)	·····	
The Articles of Organization for this Limited Liability Company wer Florida document numberL16000163231	e filed on	08/31/2016	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liability C	Company," the de	signation "LLC" or the	abbreviation "L	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			18	<u> </u>
			SE SE	<u> </u>
		·	28	427
Enter new mailing address, if applicable:			ייט פר	
(Mailing address MAY BE A POST OFFICE BOX)	18.11.		- - -	
Miduing dauress MAT BE A FOST OF FICE BOA			<u>ည</u>	- <u>1</u>.2
-	,			 -
3. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	address on	our records, ente	r the name	of the
New Registered Office Address:				
rich ivegimered villee Audiese.	Enter Flori	da street address		
		Florida _		
	City	, rioriua _	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	OMAR MATIAS ESCOBAR	3432 24TH PKWY SARASOTA, FL 34235-8808	■ Add
			Remove
		-	Change
			Add
			□ Remove
			☐ Change
			Add
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ective date, if other than the date	of filing:	EMBER 01 /20	ı	(optional)	
effective date is listed, the date must be sp e: If the date inserted in this block do ument's effective date on the Departm	oes not meet the ap	plicable statutor	ng or more than 90 day ry filing requirement	es after filing.) Pursuan ts, this date will not	tto 605.02 be listed
record specifies a delayed effe he 90th day after the record i		not an effec	tive time, at 12	:01 a.m. on the	earlier
edSEPTEMBER 01	2018				
-			mtative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00