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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SANTOS & PANTOJAS TAX, ACCOUNTING & INSURANCE INC

Account Number : I20170000075

Phone

: (407)381-6137

Fax Number

: (407)381-2307

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COVER LETTER

H 24000155712 3 TO: Registration Section Division of Corporations NCM CLEANING SERVICES LLC SUBJECT: 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: CARLOS A. RAMIREZ Name of Person NCM CLEANING SERVICES LLC Firm/Company 628 SWAN RANGE RD Address ORANGE CITY, FL. 32763 City/State and Zip Code maryiuz@sptaxfl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS A. RAMIREZ Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ≅ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & 🗆 \$55.00 Filing Fee & □ 560.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 APR 29 PH 4: 41
TALLAHASSEE, FLATA

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NCM CLEANING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 09/12/2016 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number __L16000169088 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Coropany," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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

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MGR = Manager

AMBR = Authorized Member

Title	Name	Add	lress	Type of Action
MGR	NANCY CRESPO	628	SWAN RANGE RD	≡ Add
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