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COVER LETTER

TO: Registration S Division of Co			٥	
Aubrey's C	Teaning Services LLC			
SUBJECT:	Name of Lim	ited Liability Company	<u></u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Bolieslan Soloven			. <i>P</i> 2
		Name of Person		SEC SEC
	Aubrey's Cleaning Service	s LLC		SECRETARY
		Firm Company		JG-5 P
	5635 Marinell Drive			PM 2: 12
		Address		.F. 12
	Orlando, Florida 32809			Lu .
	aubreyscleaningservices@g	City/State and Zip Code		•
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
Bolieslau Soloven		407 885-9122		
Name o	of Person		e Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aubrey's Cleaning Services LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Diability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000069812	were filed on August 02, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Soloven Services LLC		
The new name must be distinguishable and contain the words "Limited Liabif	ity Company," the designation "LLC" or the af	obreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SEC
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FD PH 2: 12
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer Piorida sirvet address	
	, Florida	
	City	Zio 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 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	<u>Address</u>	Type of Action
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			□Remove
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			□Remove
			□Remove
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			⊡Change
			□Remove
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Fective date, if other than the date of filing: If effective date is fisted, the date must be specific and cannot be pote: If the date inserted in this block does not meet the appenment's effective date on the Department of State's reconstruction.	ilicable statutory	(or more than 90 days filing requirements	optional) after filing.) Pursuant to 6 i, this date will not be l	505.020 isted a
ecord specifies a delayed effective date, but not an effectivis filed.	re time, at 12:01.	a.m. on the earlier o	of: (b) The 90th day a	tter th
August 02, 2021	<u></u> ,			
\mathcal{D}		tative of a member		