

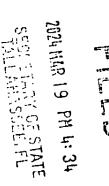
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COVER LETTER

RAMON 239 238-9353 Name of Person Area Code Daytime Telephone Number	TO: Registration S Division of Co				
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for liting. Please return all correspondence concerning this matter to the following: RAMON VALDES Name of Person	SHARONO SURJECT:				
Please return all correspondence concerning this matter to the following: RAMON VALDES Name of Person	SUBJECT.				
RAMON VALDES Name of Person	The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Name of Person Firm/Company 2509 10th AVE SE Address NAPLES, Fl. 341117 City/State and Zip Code ramon.valdes1974@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAMON 239 328-9353 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) Certified Copy (additional copy is enclosed)	Please return all correspondent	ondence concerning this matter	to the following:		
Firm/Company 2509 10th AVE SE Address NAPLES, FL 341117 City/State and Zip Code ramon, valdes 1974@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAMON 1 239 238-9353 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Securificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		RAMON VALDES			
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Enclosed is a check for the following amount: S239 Name of Person Enclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		2509 10th AVE SE			
City/State and Zip Code ramon.valdes1974@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAMON 239 Varied Code Area Code Daytime Telephone Number Enclosed is a check for the following amount: Securificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			Address		
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Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy (additional copylis enclosed) (additional copylis enclosed)	Enclosed is a check for th	ne following amount:		SEGULT TALL	
	■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copys 1 - X (additional copylis enclosed)	M

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHARONCRIS CLEANING LLC

company has been notified in writing of this change.

SMARONCKIS CLEANING LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fit Florida document number $\frac{1.19000095419}{}$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com-	pany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
City New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to ac	<u> </u>
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perfort accept the obligations of my position as registered agent as provided	nance of my duties, and I am Tamilian with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
AMBR	YAIMA HERNANDEZ LICOURT	2509 10th ave se .NAPLES, FL 34117	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			🗆 Add
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			□Remove
			□Change

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Filing Fee: \$25.00