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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

| TO: | Registration Sec Division of Corp | | · · | |
|-----------|--|--|---|--|
| cup in | | NT CLEANING SOLUTION | S LLC . | |
| SUBJEC | -1: <u> </u> | Name of Lim | ited Liability Company | |
| The encl | osed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspor | ndence concerning this matter | to the following: | |
| | | FERNANDO RODRIGUE | EZ | |
| | | | Name of Person | |
| | | APARTMENT CLEANIN | IG SOLUTIONS LLC | |
| | | | Firm/Company | |
| | | 6007 MARY LYNN COU | RT | |
| | | | Address | |
| | | ORLANDO FL 32807 | | |
| | | | City/State and Zip Code | |
| | | THEPOSTCONNETWOR | _ | |
| E 6 .1 | | | to be used for future annual report notification) | |
| ror luttr | ier intormation co | oncerning this matter, please c | an; | |
| FERNA | NDO RODRIGU | JEZ | 407 516-8679 at () | |
| | Name of | Person | Area Code Daytime Telephon | e Number |
| Enclosed | d is a check for th | e following amount: | | |
| □ \$25 | .00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | 560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F | Section orporations 7 | Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303 | ee |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

FILED

APARTMENT CLEANING SOLUTIONS LLC

2022 HAY 17 AM 8

| (<u>Name of the Limited Lis</u> (A Fle | ability Company as it now appears on our records.) orida Limited Liability Company) | SECRETARY OF S TALLAHASSEE. |
|---|---|--|
| The Articles of Organization for this Limited Liability | ty Company were filed on 8/24/2021 | |
| Florida document number L21000339504 | · · · | |
| This amendment is submitted to amend the following | | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| POSTCON LLC | | |
| The new name must be distinguishable and contain the words ' | 'Limited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AL | ODRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | |
| | | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | - |
| | , Florid | da |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Regis | tered Agent: | |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this change. | nd complete performance of my duties, and to ad agent as provided for in Chapter 605, F.S tered office address, I hereby confirm that t | l am familiar with and S. Or, if this document is |
| | If Changing Registered Agent, Signature of N | ew 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 |
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| nective date, it other than the da | t does not meet the ar | oplicable statutory fili | ng requirements, this | date will not be listed as |
| <u>lote:</u> If the date inserted in this block | | 1 | | |
| lote: If the date inserted in this block | rtment of State's reco | oras. | | |
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Filing Fee: \$25.00