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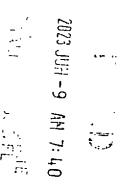
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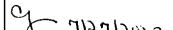
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## **COVER LETTER**

TO: Registration Section Division of Corporation	ons		
subject: Fr	esh Build Name of Limit	Cleaning led Liability Company	LLC
The enclosed Articles of Amend	ment and fee(s) are subn	nitted for filing.	. •
Please return all correspondence	toncerning this matter to	o the following:	
	Melis	SSa Gura Name of Person	<u>an</u>
	FreshB	wid Cle	aning LLC
	3369 S	Primmill Address	Circle
_	Sarasoti	City/State and Zip Code	34239
_	Meliss E-mail address: (to	ak Gurcan  o be used for future annual re	<u>Ognail</u> Com
For further information concern	ing this matter, please ca	II:	
Meli SSa Name of Person	Gurcan	at ( <u>QUI)</u> Area Code	225 - 6710  Daytime Telephone Number
Enclosed is a check for the follo	wing amount:		
S25.00 Filing Fee	630.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enck	Certificate of Status &

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

tresh Build		ning LL(	2023	3 JUII - 9 AH 7: 40
(Name of the Limited I				a saf
The Articles of Organization for this Limited Liabi Florida document number <u>L 23 000 25</u>		ere filed on5	-23-202	3 and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabili	ty company here:		
The new name must be distinguishable and contain the words	"Limited Liability		_	
Enter new principal offices address, if applicable	e:	3369	zprimm	ill Circle
(Principal office address MUST BE A STREET A	(DDRESS)	Saras	iota FL	34239
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>V</u>	3369 S Sarasot	pringmil a FL 3	11 Circle 14233
B. If amending the registered agent and/or reginagent and/or the new registered office address h		dress on our reco	rds, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	3369	Springs		cle
_	Saras		, Florida	34239
		City		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 antending 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	Lisa Tower	5342 Clark Rd. #12 Sarasota FL 34233	<u>5]</u> _Add
			XRemove
			TChange
			□Add □Remove
			(Change
			🗀 Remove
			TChange
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		block does not m Department of St		le statutory filing	requirements, th	his date will not be lis
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