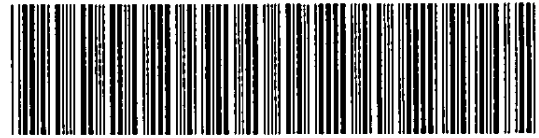


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08/30/12--01031--014 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A.H. Cleaning Service, LLC
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:

Edwin Bonannee
Name of Person

Firm/Company

19410 NW 21st Ave.
Address

Miami Gardens, FL 33056.
City/State and Zip Code

ebonannee@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edwin Bonannee at (305) 528-7482
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A.H. Cleaning Service, LLC
(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5-10-12 and assigned Florida document number L12000063622.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Same
 The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: Same
 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: Same
 (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:

Name of New Registered Agent: Edwin Bonance
 New Registered Office Address: 19410 NW 21st Ave
Enter Florida street address
Miami Gardens, Florida
City
 Zip Code 33066

FILED
 12 AUG 30 PM 4:06
 SECRETARY OF STATE
 TALLAHASSEE, 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 608, 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

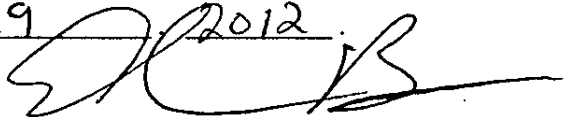
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Alex Hudson</u>	<u>19410 NW 21st Ave</u> <u>Miami Gardens FL 33056</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Mgr</u>	<u>Edwin Bonannee</u>	<u>19410 NW 21st Ave</u> <u>Miami Gardens FL 33056</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 29 2012



Signature of a member or authorized representative of a member

Edwin Bonannee

Typed or printed name of signee