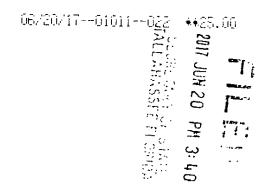
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II. HARRIE

COVER LETTER

Div	ision of Corp	orations					
SUBJECT:	MAID 2 SHINE MIAMI LLC						
NODSER, I.		Name of Lim	ited Liability Company				
The enclosed	f Articles of A	mendment and fee(s) are sub	mitted for filing.				
		dence concerning this matter	-				
	•	C	C				
		FLAVIO R TAVARES D	E OLIVEIRA				
			Name of Person				
			Firm/Company				
		677 TRACE CIRCLE, AP	T 205				
			Address				
		DEERFIELD BEACH, FI	. 33441				
			City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)			
For further is	iformation cor	scerning this matter, please ca	aH:				
	Name of I	Person	at () Area Code Daytime	Telephone Number			
Enclosed is a	check for the	following amount:					
■ \$25.00 F	iling 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

TO: 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

MAID 2 SHINE MIAMI LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L16000202360		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		— <u>5</u> , <u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		\$50 \$50
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>5</u>
3. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
	City	Zıp 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Fernanda de Oliveira Gentil	677 TRACE CIRCLE, APT 205	
		DEERFIELD BEACH, FL 33441	□ D
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