## 295000112918

| (Requestor's Name                       | e)           |
|---|--------------|
| (Address)                               |              |
| (Address)                               |              |
| (City/State/Zip/Pho                     | ne #)        |
| PICK-UP WAIT                            | MAIL         |
| (Business Entity N                      | ame)         |
| (Document Number                        | er)          |
| Certified Copies Certificat             | es of Status |
| Special Instructions to Filing Officer: |              |
|   |              |
|   |              |
|   |              |

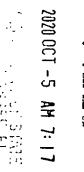
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## **COVER LETTER**

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|--------------|--------------------------------|---|--|--|
| CHD IFCT.    |                                | S CLEANING SOLUTIONS I                          | LC .   |  |
| SUBJECT      |                                | Name of Lim                                     | ited Liability Company   |  |
| The enclose  | d Articles of                  | Amendment and fee(s) are sub                    | mitted for filing.   |  |
| Please retur | n all correspo                 | ndence concerning this matter                   | to the following:  |  |
|              |                                | CARLTON ANDERSON                                |  |  |
|              |                                |   | Name of Person   |  |
|              |                                | IST CLASS CLEANING                              | SOLUTIONS LLC  |  |
|              |                                |   | Firm/Company   |  |
|              |                                | 10945 SW 142ND LANE                             |  |  |
| Address      |                                |   |  |  |
|              |                                | MIAMI, FL 33176                                 |  |  |
|              |                                |   | City/State and Zip Code  |  |
|              |                                | 1STCLASSANDERSON@                               |  |  |
|              |                                | E-mail address: (                               | to be used for future annual report no                           | otification)   |
| For further  | information c                  | oncerning this matter, please c                 | all:   |  |
| CARLTON      | ANDERSO                        | ٧.  | 786 7525041  |  |
|              | Name o                         | l Person  |  | ime Telephone Number   |
| Enclosed is  | a check for th                 | ne following amount:                            |  |  |
| \$25.00      | Filing Fee                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|              | ailing Addres<br>egistration S |   | Street Address:<br>Registration S                                | Section  |
|              |                                | orporations                                     | Division of Co   |  |
| P.           | O. Box 632                     | 7   | The Centre of  | Tallahassee  |
| Ta           | Illahassee, I                  | FL 32314  | 2415 N. Moni   | roe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IST CLASS HOME SERVICES, I   | LLC                                      |   |                       |                    |
|--|--|---|-----------------------|--------------------|
| (Name of the Limi  | ted Liability Comp<br>(A Florida Limited | any as it now appears on ou<br>Liability Company) | r records.)           |                    |
| The Articles of Organization for this Limited L<br>Horida document number L05000112918     |  | were filed on $\frac{11/22/200}{}$                | 5                     | _ and assigned     |
| his amendment is submitted to amend the following  | owing:                                   |   |                       |                    |
| . If amending name, enter the new name o   | f the limited lial                       | oility company here:                              |                       |                    |
| ST CLASS CLEANING SOLUTIONS LLC  |  |   |                       |                    |
| he new name must be distinguishable and contain the v                                      | vords "Limited Liab                      | ility Company," the designation                   | on "LLC" or the abbre |                    |
| nter new principal offices address, if applic  | cable:                                   | N/A   |                       | 020 <del>o</del> c |
| <u>rincipal office address MUST BE A STREE</u>   | T ADDRESS)                               |   |                       | <u> </u>           |
|  |  |   | <del></del>           | on i               |
| nter new mailing address, if applicable:   |  | N/A   | ; : `<br>             | AH 7:              |
| Mailing address MAY BE A POST OFFICE   | BOX)                                     |   | : : :                 |                    |
| . If amending the registered agent and/or i<br>gent and/or the new registered office addre |  | address on our records                            | , enter the name o    | f the new regist   |
| Name of New Registered Agent:  | N/A                                      |   |                       | <del></del>        |
| New Registered Office Address:   | N/A                                      |   |                       |                    |
|  |  | Enter Florida stree                               | et address            |                    |
|  |  |   | , Florida             |                    |
|  |  | 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 Changing Registered Agent, Signature of New 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> | Name | Address | Type of Action        |
|--------------|------|---------|-----------------------|
| N/A          |      |         |                       |
|              |      |         | □Remove               |
|              |      |         | □Change               |
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| ective date, if other than the d           | ate of filing:   | (optional)                            |                      |
| effective date is listed, the date must be | e specific and cannot be prior to date of filik does not meet the applicable statuto | ng or more than 90 days after filing. | Pursuant to 605,020  |
| ument's effective date on the Dep          |  | ry ming requirements, this date       | will not be fisted a |
|  |  |                                       |                      |
|  | date, but not an effective time, at 12:0   | La.m. on the earlier of: (b) The      | e 90th day after th  |
| s filed.                                   |  |                                       |                      |
| OCTOBER 01                                 | 2020   |                                       |                      |
| ed   |  |                                       |                      |
|  | Partt D. Par   | ~                                     |                      |
|  | wun unam   |                                       |                      |
| S  | gnature of a member or authorized represe  | entative of a member                  |                      |

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Filing Fee: \$25.00