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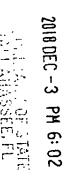
(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

		ration Sect on of Corpo					
SUBJEC	т. C	leaning Serv	vices & Painting, LLC				
SUBJEC	-1: <u> </u>		Name of Lim	ited Liability Company			
The enck	osed A	rticles of A	mendment and fee(s) are sub	mitted for filing.			
Please re	tum al	l correspond	dence concerning this matter	to the following:			
			Laura D Aguilar				
				Name of Person			
			Cleaning Services & Painti	ing, LLC			
				Firm/Company			
			246 Lobiolly Bay Dr				
				Address	 		
			Santa Rosa Beach, FL 324	59			
			lauraaguilarcs@yahoo.com	City/State and Zip Code			
			E-mail address: (to be used for future annual report n	notification)		
For furth	er info	rmation con	eerning this matter, please co	all:			
Laura D	Aguila	ar		850 368-0959 at ()		,	
		Name of F	Person	Area Code Days	time Telephone Number		
Enclosed	is a cl	neck for the	following amount:				
\$25.0	00 Filii	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	٠

MAILING ADDRESS:

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

FILED

2018 DEC -3 PM 6: 02

GLONLIAR, OF STATE TALLAHASSEE, FL Cleaning Services & Painting, 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 12/16/2005 ___ and assigned Florida document number L05000120098 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 30A Coastal Cleaning Services, 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 ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street aadress Florida City

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 = M $AMBR = M$	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Remove
			Change
			Add
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			Change
			☐ Remove
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			□ Add
			□ Remove
	/	- ,	Change
		<u> </u>	☐ Remove
			□ Change

		
		
		
		
		
	<u>/</u>	
Effective date, if other than the di (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep.	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to k does not meet the applicable statutory filing requirements, this date will not be	o 605.0207 (3)(listed as the
the record specifies a delayed ϵ) The 90th day after the recor	effective date, but not an effective time, at $12:01$ a.m. on the end is filed.	arlier of:
Dated November 27	2018	
	Laguisor	
Si	gnature of a member or authorized representative of a member	_
Laura D Aguitar		
	Typed or printed name of signee	_

Page 3 of 3

Filing Fee: \$25.00