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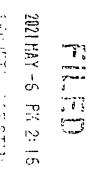
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COVER LETTER

TO: Reg Div	gistration Section 'ision of Corporations	
	Cleaning & Shining Services LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
	Fanis Chery	
	Name of Person	
	Cleaning & Shining Services LLC	
	Firm/Company	
	28100 sw 132nd ave	202
	Address	2021 HA
	Homestead FL 33033	5
	City/State and Zip Code teambold100k@gmail.com	77
	E-mail address: (to be used for future annual report notification)	2: 15 SEL
For further in	nformation concerning this matter, please call:	ro co
Katiana Lus	tin 305 614-4011	
	Name of Person Area Code Daytime Telephone	: Number
Enclosed is a	a check for the following amount:	
≘ \$25.00 H	Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Reg Div P.C	illing Address: gistration Section wision of Corporations D. Box 6327 Ilahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Street Address: Registration Section Division of Corporations Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cleaning & Shining Services LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
he Articles of Organization for this Limited Liability Company were filed	on 04/26/2021 and assigned
orida document number 1.07000029051	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compa	iny here:
eaning & Shine Services LLC	
e new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LI.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	1 (1-122)
	- 11
	n N
nter new mailing address, if applicable:	三
failing address MAY BE A POST OFFICE BOX)	·
If amending the registered agent and/or registered office address on tent and/or the new registered office address here:	our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	uer Florida street address
120	
	Florida Zip Code
City	хір Соае

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 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
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		 	□Remove
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Effective date, if other than the frame effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not i	meet the appli	cable statuto	ing or more tha	(opt n 90 days afte irements, th	i onal) r filing.) Pi is date wi	ursuant t ll not b	o 605.020 e listed a
ne record specifies a delayed effect ord is filed.	ve date, but no	t an effective	time, at 12:0	l a.m. on the	earlier of: (o) The 9	0th day	after th
Dated April 26		. 2021	·					
	بالحسا	•			ember			