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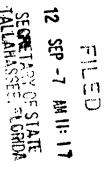
((Requestor's Name)			
	(Address)			
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PICK-UP	WAIT	MAIL		
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(Document Number)				
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COVER LETTER

Division of Co	rporations				
SUBJECT:	Aiden's Clea	aning Service, LLC			
50b0EC1.		ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Carl Harbajan				
		Name of Person			
	Aider	Aiden's Cleaning Service, LLC			
		Firm/Company			
	1	1729 Scotch Pine Dr.			
		Address			
	В	randon, FL 33511 US			
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notifica	tion)		
For further information of	concerning this matter, please c	all:			
	Delcia Gore		49-8087		
Name o	of Person	Area Code & Daytime	Celephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ING ADDRESS:	STREET/COURIER ADDRESS: Registration Section			

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

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.

12 SEP -7 AN 11: 17

Aiden's Cleaning	Services LLC	•	SECRETARY OF STATE
Aiden's Cleaning (Name of the Limited Liability (A Florida)	Y Company as it now appears Limited Liability Company)	on our records.)	TALLAHASSEE, FLORID
The Articles of Organization for this Limited Liability C	Company were filed on	06/14/2007	and assigned
Florida document numberL0700063026	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compar	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	***************************************		
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	 		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	ldress	
	City	, Florida _	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 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> **Address Type of Action** MGRM Mala Harbajan 1729 Scotch Pine Dr ✓ Add Brandon, FL 33511 ☐ Remove Remove ☐ Add ☐ Remove Add ☐ Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER Signature of a member or authorized representative of a member CARL HARBATAN

Page 2 of 2

Filing Fee: \$25.00

(Typed or printed name of signee)