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SECRUTARY OF STATI
THE AHASSEE FLORIG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Community Commercial Cleaning LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KAREN H Lohbauer Name of Person
Community Commercial Cleaning LLC marring Firm/Company street P. O BOX 10513 (3425 59 Ave W Address BRADENTON F. M. 34282 3420-
BRADIENTON FLM 34282 City/State and Zip Code KAREN @ Mangtee of fice cleaning. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 758-1504 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \text{Certified of Status & Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ \$\$

MAILING ADDRESS: 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

Community Con (Name of the Limited Liab (A Flor	1 M E/C bility Company	as it now appear	egning son our records.)	<u>L.L.</u>	
The Articles of Organization for this Limited Liabili Florida document number <u>L0800036</u>					signed
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liabili	ity company her	<u>e</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limite	d Liability Compa	ny," the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applicables (Principal office address MUST BE A STREET AL	: DDRESS)	1108 BRAO	43 st ENTON 3420	W FLDI 19	RIPA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	\mathbf{Q}				
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on o	our records, <u>ente</u>	r the name	of the new
Name of New Registered Agent:	DAPHN	IE C	AlFor Dest	SE SE	
New Registered Office Address:	108				<u> </u>
·	BRADE	NTO N	ter Florida street d	SZip Goo	Je Je
New Registered Agent's Signature, if changing Registered	tered Agent:			PA TE 86	
I hereby accept the appointment as registered ag	ent and agree	to act in this ca	pacity. I further o	agree to com	ply with

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 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 Title **Address Type of Action** Name MGR KARENH LOLDANT PO BOX 10513
BEADENTON FLA
34282

MGR DAPHNEC ALFORD 1108 43 ST W
BRADIENTON FAGO, JC
34209 ☐ Add

 Z Remove ☐ Add Remove ___Add __ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Lohbanen Typed or printed name of signee

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Filing Fee: \$25.00