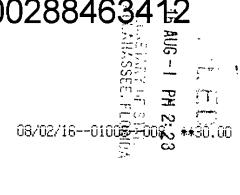
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erin IE.C.	TIGHT GR	IP INVESTMENTS SPECIAL	SOULUTION CLEANING, LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retui	n all correspo	ndence concerning this matter	to the following:	
		REGGIE L. LEWIS		
			Name of Person	
		TIGHT GRIP INVESTME	NT SPECIAL SOULUTION CLEA	NING, LLC
		**************************************	Firm/Company	
		Diana 3108 E. DIANN A ST		
			Address	
		TAMPA, FLORIDA 33610	0	
			City/State and Zip Code	
		REGGIELEWIS444@GMA		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
REGGIE L			813 785-7261 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

TIGHT GRIP INVESTMENTS SPECIAL SOLUTION CLEANING, 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 $\frac{05/04/2010}{1}$ and assigned Florida document number L10000049348 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Investment 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: Tanda A. Lowman Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

Tampa

Hechanging Registered Agent, Signature of New Registered Agent

Florida

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>	<u>Name</u>	Address	Type of Action
P	BETTY JEAN LEWIS	8701 N. HYALEAH RD	☐ Add
		TAMPA, FL 33617	≅ Remove
			☐ Change
P	Tanda Lowman	Diona 3108 E. DIANN A ST	■ Add
		TAMPA, FL 33610	☐ Remove
			☐ Change
			Add
			S2 (1)
			Remove
			Add
			Remove
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	ord specifies a 90th day after			e, but not	an effectiv	e time, at	12:01 a.m	n. on t	he ea	rlier of
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Page 3 of 3

Filing Fee: \$25.00