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12 JUN 29 PM 12: 07

SECRETARY OF STATE DIVISION OF CORPURATIONS

JUL! 3 2012

COVER LETTER

`Divis	stration Sec sion of Corp			:		
' SUBJECT: _	UNIT	ED CLEANING SE	RVICES OF TAMPA BA	YLLC		
			ted Liability Company			
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return a	all correspon	idence concerning this matter	to the following:			
		,				
			YOLANDA MEDINA			
			Name of Person			
	United Cleaning Services of Tampa Bay LLC					
			Firm/Company			
		5120 N St Vincent St				
			Address			
			Tampa, FI 33614			
	City/State and Zip Code					
		E-mail address: (1	to be used for future annual report notifica	tion)		
For further inf	formation co	ncerning this matter, please c	all:			
	VOLAI		040 5	06 0070		
YOLANDA MEDINA Name of Person			at (813) 506-0270 Area Code & Daytime Telephone Number			
Enclosed is a c	check for the	e following amount:				
√ \$25.00 Fili	ing 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:

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 FILED ARTICLES OF ORGANIZATION SECRETARY OF STATE OF DIVISION OF CORPORATIONS

12 JUN 29 PH 12: 07

UNITED CLEANING SERVICES OF TAMPA BAY 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 Lia	bility Company were filed on	04/28/2011	and assigned	
Florida document number L110000504	107			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	nany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter t	he name of the nev	
Name of New Registered Agent:			 	
New Registered Office Address:	E	nter Florida street add	ress	
	, Florida			
	City		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 MGR SANDY, OLAZABAL 5120 NORTH SAINT VINCENT ST ☐ Add ∇ Remove TAMPA FL 33614 US ☐ Add Remove \square Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Typed or printed name of signee

Signature of a member or authorized representative of a member

Yolanda Medina Yolanda Medina

Page 2 of 2

Filing Fee: \$25.00