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(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
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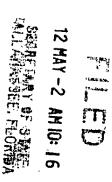
EXAMINER



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Sigh



COVER LETTER.

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TO:	Registration Sect Division of Corpo	ion orations	\\$\psi		
SUBJECT: Exclusive Home Cleaning LLC					
5020		Name of Limit	led Liability Company		
The er	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	e return all correspond	lence concerning this matter	to the following:		
			Natasha Kunitsa		
			Name of Person		
	Exclusive Home Cleaning				
Firm/Company					
8099 Tracy cir					
Address Port Charlotte FL 33981					
			City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)				
For fu	orther information cor	cerning this matter, please c	all:		
	Natas	sha Kunitsa	αι ()	351344	
	Name of I	erson	Area Code & Daytime T	elephone Number	
Enclos	sed is a check for the	following amount:			
\$2	5.00 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:

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

Exclusive Hom	e Cleaning LL	.C			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company	y were filed on	02/08/2012	and assigned		
Florida document number L12000018612					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company her	<u>'e</u> :			
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Compa	iny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:	···-				
(Principal office address MUST BE A STREET ADDRESS)		3.1	% ⊼ = =		
			7 7		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
			5		
B. If amending the registered agent and/or registered o		our records, <u>enter th</u>	e name of the new		
registered agent and/or the new registered office address he	<u>re</u> :				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	City	, Florida	Zip Code		
	~·· <i>,</i>		sup cour		

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> Agnesa Kunitsa MGRM 8099 Tracy cir., Port Charlotte ☐ Add FL 33981 ☑ Remove Natasha Kunitsa MGRM 8099 Tracy cir., Port Charlotte FL 33981 Remove ☐ Add ☐ Remove Remove ∐Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 8 2012 Dated ____ run Signature of a member or authorized representative of a member Natasha Kunitsa Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00