

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA OMEGA COMMERCIAL, INDUSTRIAL, PRESSURE WASHING
Name of Limited Liability Company CLEANING SERVICES LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETE A. DE JESUS
Name of Person

ALPHA OMEGA COMMERCIAL, INDUSTRIAL PRESSURE WASHING
Firm/Company CLEANING SERVICES

5521 47TH AVENUE NORTH
Address

KENNETH CITY FL 33709
City/State and Zip Code

ALPHA OMEGA CLEANING SVC @ 9 MAIL. COM
E-mail address: (to be used for future annual report notification)

FILED OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 26 PM 11:10

For further information concerning this matter, please call:

PETE A. DE JESUS at (727) 557-7286
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
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

ALPHA OMEGA COMMERCIAL, INDUSTRIAL, PRESSURE WASHER CLEANING SERVICE 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 8 JUNE 2012 and assigned Florida document number L 12000076445.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALPHA OMEGA COMMERCIAL, INDUSTRIAL CLEANING SERVICE LLC.
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5521 47TH AVE. N.
KENNETH CITY, FL 33709

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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:

Name of New Registered Agent:

NA

New Registered Office Address:

NA

Enter Florida street address

NA, Florida NA
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 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.

NA
If Changing Registered Agent, Signature of New Registered Agent

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OFFICE
TALLAHASSEE, FLORIDA
15 AUG 26 PM 11:10

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 PALM BEACH COUNTY
 10 AUG 26 PM 11:10

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

16/AUG/26 PH 11:10
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CLERK OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 14 JUNE 2016 .

Pete A. De Jesus
Signature of a member or authorized representative of a member

PETE A. DE JESUS
Typed or printed name of signee