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COVER LETTER

TO: Registration Se Division of Con		•	
Teamwork SUBJECT:	Cleans, LLC		
SUBJECT:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cynthia T Vega		
		Name of Person	
	Teamwork Cleans, LLC		
		Firm/Company	
	3492 W 84 St. #110		
		Address	
	Hialeah, FL 33018		
		City/State and Zip Code	
	infop@teamworkcleans.com		
		to be used for future annual report notifi	cation)
For further information c	concerning this matter, please co	all:	
Cynthia T Vega		786 3744622 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

Teamwork Cleans, LLC			
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
he Articles of Organization for this Limited 1	Liability Company were filed on $\frac{10/2}{2}$	22/12	_ and assigned
lorida document number L12000134	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>	
			· on
			<u>u</u>
nter new mailing address, if applicable:		ジン 発力	. 6
Mailing address MAY BE A POST OFFICE			T0 1
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s. If amending the registered agent and egistered agent and/or the new registered of		our records, enter the	e name of the n
Name of New Registered Agent:	Cynthia T Vega		
New Registered Office Address:			
	Enter Flori	da street address	
		, 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 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
MGRM	Jose Vega	3492 W 84 St. #110	
		Hialeah, FL 33018	■ Remove
			☐ Change
MGRM	Cynthia T Vega	3492 W 84 St. #110	■ Add
		Hialeah, FL 33018	Remove
			Add
			☐ Remove
		<u></u>	□ Change
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an effective date is fisted, the date must be specific and cannot be prior to dat	statutory filing requirements, this date will not be listed as
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Page 3 of 3

Filing Fee: \$25.00