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SECRETARY OF STATE
TALLAHASSEE, FLORIO

T. Burch NON: 5 2014

COVER LETTER

	sion of Corpo					
		ANING SERVICES LLC				
SUBJECT:		Name of Limited Liability Company				
The enclosed	Articles of Ar	Amendment and fee(s) are submitted for filing.				
Please return	all correspond	ndence concerning this matter to the following:				
		LUIS PENA				
		Name of Person				
	BIG CLEANING SERVICES LLC					
	Firm/Company					
		537 SE 6TH AVENUE				
		Address				
	CAPE CORAL, FL 33990					
City/State and Zip Code						
	doramarce_17@hotmail.com					
		E-mail address: (to be used for future annual report notification)				
For further in	formation con	ncerning this matter, please call:				
LUIS PEN	A	239 362-7365				
Name of Person Area Code Daytime Telephone Number						
Enclosed is a	check for the	e following amount:				
□ \$25.00 Fi	ling Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &			

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 ARTICLES OF ORGANIZATION **OF**

BIG CLEANING SERVICES	LLC		
(Name of the Limited	Liability Company as	it now appears on our recity Company)	ords.)
()	A Fiorida Limited Liabii	ity Company)	
The Articles of Organization for this Limited Lial	bility Company were	e filed on 08/20/2013	and assigned
Florida document number L13000019387			
	 '		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability	company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability (Company," the designation "	'LLC" or the abbreviation "L.L.C."
Q		1 27	For t
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
			SSS -+
Enter new mailing address, if applicable:			59 5
(Mailing address MAY BE A POST OFFICE B	ox)		25 KIRS
B. If amending the registered agent and/or registered agent and/or the new registered officers.	•	address on our reco	rds, enter the name of the nev
Name of New Registered Agent:	LUIS PENA		
Now Decistored Office Address	537 SE 6TH A\	/ENUE	
New Registered Office Address:		Enter Florida street add	Iress
	CARE CORAL		
	CAPE CORAL	,	Florida 33990
		City	Zip Code
New Registered Agent's Signature, if changing Re	gistered 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> MGR RICARDO PENA 537 SE 6TH AVENUE _□ Add CAPE CORAL, FL 33990 Remove 537 SE 6TH AVENUE MGR **LUIS PENA** ■ Add CAPE CORAL,FL 33990 _□ Remove NO Remove _□ Add _□ Remove _□ Add □ Remove

If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
•	
Effective date, if other than the date of fil	ing: (optional) date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Departr	nent of State)
D, OCTOBER 24TH	2014
Dated	·
i Beach	D. 4
	a member or authorized representative of a member
RICARDO PENA	

SEE. FLORI

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Filing Fee: \$25.00