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COVER LETTER

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TO: Registration Section

Division of Cor	porations		
Kings Lega	acy Cleaning LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ramiel Reyes		
		Name of Person	
	Kings Legacy Cleaning		
		Firm/Company	
	5935 NW 43 Rd Lane		
		Address	
	O-1(II- FL 20000	, water	
	Gainesville F1, 32606		
	kingslegacycleaning@gn	City/State and Zip Code	
		to be used for future annual report no	tification)
For further information co	oncerning this matter, please c	all:	
Ramiel Reyes		352 682-4958	
Name o	f Person	352 682-4958 at ()	me Telephone Number
Enclosed is a check for the	na fallaccina amaunt:		
		TU \$55 00 Ellion Eng P	[] \$40.00 Eiling Eas
■ \$25,00 Filing Fee	Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[3] \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S	Section	Registration S	
Division of C	•	Division of Co The Centre of	•
P.O. Box 632 Tallabassee J			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kings Legacy Cleaning LLC		
(<u>Name of the Uimited Liability Co</u> (A Florida Lim	mpany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp Florida document number <u>L3000068756 しじん</u> の	any were filed on May 10, 2013 OU 875 6	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new manie must be distinguishable and contain the words "Limited I	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	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off	ice address on our records, <u>enter t</u>	he name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	Cuy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	CATHERINE VAZOUEZ	5935 NW 43rd Lane	
		Gainesville, FL 32606	■Remove
			□Add
			©Remove
			□Change
			[JAdd
			□Remove
			□Change
 .			□Add
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Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Ramiel Reyes	

Filing Fee: \$25.00