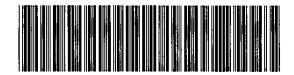
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COVER LETTER

TO: **Registration Section Division of Corporations**

BlueEcho Cleaning Services LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Leonardo Diaz
Name of Person
BlueEcho Cleaning Services
Firm/Company
205 Larson Avenue
Address
Brandon, FL 33510
City/State and Zip Code
leo5.diaz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonardo Diaz	_{at (} 813 ₎	244-7597	
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

BlueEcho Cleaning Service	s LLC	
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 12/16/2013	and assigned
Florida document number L13000172833	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
Blue Echo Carpet and Floor Care LL		2814
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC" or	r the abbreviation it.L.C."
Enter new principal offices address, if applica	ble:	0.32 60 mm
(Principal office address MUST BE A STREET	ADDRESS)	mo n li
		The state of the s
		# O
Enter new mailing address, if applicable:		## O
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/o	r registered office address on our records, e	nter the name of the new
registered agent and/or the new registered offi	· -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>			
	<u>Name</u>	Address	Type of Action
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	ion, enter change(s) here: (Attach additi	
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ffective date, if other than the	date of filing: 07/15/14	(optional)
ne effective date must be specific, cannot he date this document is filed by the Flo		be more than 90 days after
ated July 7th	2014	
ated		
Leonardo Dia	Signature of a member or authorized representative	e of a member
Leonardo Dia	Typed or printed name of signee	
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Filing Fee: \$25.00