L14000005184

| (Requestor's Name) | |
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| | |
| (Address) | _ |
| | |
| (Address) | _ |
| | |
| (City/State/Zip/Phone #) | _ |
| | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | _ |
| | |
| (Document Number) | _ |
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| Certified Copies Certificates of Status | _ |
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| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: | | on Section f Corporations | | |
|---------|----------------|---|--|---|
| CLIBIT | BA | Y BLUE HOME WATC | H & CLEANING SERV | ICES LLC |
| SUBJI | .C1: | Name of Lin | nited Liability Company | |
| The en | closed Articl | es of Amendment and fee(s) are sub | omitted for filing. | |
| Please | return all cor | respondence concerning this matter | to the following: | |
| | | ALEJANDR | O PADRON | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 8655 SADD | LEBROOK CR A | PT 8201 |
| | | | Address | |
| | | NAPLES FL | . 34104 | |
| | | | City/State and Zip Code EZ1974@HOTMAIL.C (to be used for future annual report noti | |
| For fur | ther informat | tion concerning this matter, please c | • | incarion) |
| AL | EJAN | DRO PADRON | at (239) 692-3 | 145 |
| | N | ame of Person | Area Code Daytim | e Telephone Number |
| Enclose | ed is a check | for the following amount: | | |
| ■ \$25 | 5.00 Filing Fo | ee \$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

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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

BAY BLUE HOME WATCH & CLEANING SERVICES 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 Lia Florida document number <u>L14000005184</u> | bility Company were | filed on 01/10/2014 | and assigned |
|--|---|---|--|
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liability c | ompany here: | |
| BAY BLUE PRESSURE CLEANING S | ERVICES LLC | | |
| The new name must be distinguishable and end with the w | ords "Limited Liability Co | mpany," the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | | Ų. | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE B | | | |
| Muning maries MAT BE A TOST OFFICE B | <u></u> | 1 | C |
| | | <u> </u> | Therefore the same of the same |
| B. If amending the registered agent and/o | r registered office a | address on our records, enter | the name of the new |
| registered agent and/or the new registered offi | ice address here: | | |
| N 0N D 1 | PADRON, ALEJ | ANDRO | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 8655 SADDLEB | ROOK CR APT 8201 | |
| | | Enter Florida street address | |
| | NAPLES | , Florida <u>34</u> | 104 |
| | | ity | Zip Code |
| New Registered Agent's Signature, if changing Re | egistered Agent: | | |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c | r and complete perfo tered agent as provid egistered office addre hange. | mance of my duties, and I am for ed for in Chapter 605, F.S. Or, is ss, I hereby confirm that the lim | amiliar with and if this document is nited liability |
| | Page 1 of 3 | 1 | |

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:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Type of Action** Name Address 5351 HEMINGWAY LN W APT 510 G Add SANTIAGO, ELVIN R MGR NAPLES FL 34116 ■ Remove □ Add ☐ Remove Remove □ Remove _□ Add □ Remove ☐ Add ☐ Remove

| fame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-----------|--|
| _ | |
| _ | |
| _ | |
| The effec | ve date, if other than the date of filing: |
| | MARCH 11TH 2014 |
| | Signature of a member of authorized representative of a member |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00