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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

The enclosed Articles of Amendment and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: PATRICIA SAMPSON Name of Person IGNITE CLEANING SERVICE, LLC Firm-Company 6264 SW 7TH STREET Address MARGATE, FL 33068 City/State and Zip Code MICHAEL@CARTAGENABUSINESS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PATRICIA SAMPSON PATRICIA SAMPSON Same of Person 1954 Area Code 109-5313 Daytine Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificat Copy (Certificate of Status & Certificat Copy (Certificate Opt (Certificate Opt (Certificate Opt (Certificate Opt	SUBJECT:	IGNITE CLF	ANING SERVICE,LLC	
Please return all correspondence concerning this matter to the following: PATRICIA SAMPSON	SUBJECT:	Name of Lim	ited Liability Company	
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PATRICIA SAMPSON Name of Person IGNITE CLEANING SERVICE, LLC Firm-Company 6264 SW 7TH STREET Address MARGATE, FL 33068 City/State and Zip Code MICHAEL@CARTAGENABUSINESS.COM E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: PATRICIA SAMPSON PATRICIA SAMPSON Name of Person Securification Name of Person Area Code Daytine Telephone Number Enclosed is a check for the following amount: Securificate of Status Certificate of Status Certificate of Status Registration Section Division of Corporations Division of Corporations	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
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Firm-Company 6264 SW 7TH STREET Address MARGATE, FL 33068 City/State and Zip Code MICHAEL@CARTAGENABUSINESS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PATRICIA SAMPSON PATRICIA SAMPSON Area Code S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Firm-Company Address Margate Address: Registration Section Division of Corporations Division of Corporations		-	Name of Person	
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City/State and Zip Code MICHAEL@CARTAGENABUSINESS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PATRICIA SAMPSON 954 709-5313 at (Address	
MICHAEL@CARTAGENABUSINESS.COM E-mail address: (to be used for future annual report notification)			MARGATE, FL 33068	
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NITE CLEANING SERVICE LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record i Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 08/11/2014	and assigned
	 ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L1.C	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
<u>Principal office address MUST BE A STREET ADDR</u>	RESS)	5 5
		1:0
Enter new mailing address, if applicable:		7 00 <u>7 00 </u>
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
	Flo	orida
	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 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>	<u>Address</u>	Type of Action
AMGR	SHERINEA PALMER	95 LINDEN BLVD 52A	
		BROOKLYN, NY 11226	■Remove
	•		□ Add
			□Remove
			□Change
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Effective date, if other than th	e date of filing:		(6	optional)		
Effective date, if other than th If an effective date is listed, the date m Note: If the date inserted in this b	ist be specific and cannot be		or more than 90 days	after filing.) F		
document's effective date on the I						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Dated APRIL 07	2021					
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	Ratarcia C	Banas	> /			

Typed or printed name of signee