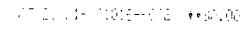
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21 MAY 28 PH 2: 46

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	•	nt Services, LLC		
SOBJECT.			ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please returr	all correspo	ndence concerning this matter	to the following:	
		Angelica Sigler		
			Name of Person	
			Firm/Company	
		15757 Pines Blvd #123		
		Pembroke Pines, Fl. 33027	Address	
		angiesigler21@yahoo.com	City/State and Zip Code	
		- -	to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please c	·	,
Angelica Sig	gler		786 442-0562	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	Filing Fec	■ \$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)
	iling Address gistration S		<u>Street Address:</u> Registration Se	ection
Div	zision of Co	orporations	Division of Co	rporations
). Box 632		The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION AND THE ANALYSIS **OF**

21 MAY 28 PM 2: 46

A&B Dryout 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 Liability Company Florida document number <u>L15000040414</u>	were filed on 03/05/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16700 NW 27 Ave	
(Principal office address MUST BE A STREET ADDRESS)	Miami Gardens, Florida 3	3056
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	
	City	, FloridaZip 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

MGR = Wanager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	And the second second	Type of Action
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	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) icable statutory filing requirements, this date will not be listed as the ls.
ecord specifies a delayed effective date, but not an effective is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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/	
	horized representative of a member

Typed or printed name of signee