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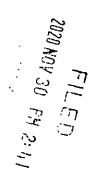
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(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT MAIL	
(Business Entity Name)	
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## COVER LETTER

TO: Registration S Division of Co	rporations				
	ECO CLEANERS LLC	, agu	,		
SUBJECT: Name of Limited Liability Company					
The market and Amiles	CA undurant and Co. (s) unu und	min of Co. Clina			
	f Amendment and fec(s) are sub				
Please return all corresp	ondence concerning this matter	to the following:			
	JUAN C LEON				
		Name of Person			
	WESTON ECO CLEANE	RS LLC			
Firm/Company					
	1462 ZENITH WAY				
		Address			
	WESTON, FL 33327				
	LEONJUANCARLOS@H	City/State and Zip Code OTMAIL.COM			
	E-mail address: (	to be used for future annual report no	tification)		
For further information	concerning this matter, please c	all:			
JUAN CARLOS LEON	Į.	954 604-5040			
Name	of Person	at () Area Code Daytii	ne 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 tadditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:	agrian		
Registration Section Division of Corporations		Registration Section of Co			
P.O. Box 6327		The Centre of	Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Co Florida document number 1.15000117280		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)		
		₩0V 30	
Enter new mailing address, if applicable:		<u>-</u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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 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>	Address	Type of Action
AMBR	VALENTINA GARCIA	1462 ZENITH WAY, WESTON FL 33327	<b>■</b> Add
			□Remove
			□Change
AMBR	MARIANA COLLAZO	795 LAVENDER CIRCLE, WESTON FL 33327	<b>=</b> Add
			□Remove
			□Change
			FIL. 2020B40V 3.8
			□ Remove □ □ Remove □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			□ Add
			□Remove
		<del></del>	□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. OCTOBER 21 2020 Dated \_\_\_\_\_\_. Signature of a member or authorized representative of a member JUAN CARLOS LEON Typed or printed name of signee