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Division of Corporations

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From:

Account Name : ASSURED ACCOUNTING AND TAX SERVICES

Account Number : I20180000048 Phone : (954)793-0353 : (954)944-3163 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACTION CLEANING PLUS, LLC.		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records. lability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on12/10/20	and assigned
Florida document number <u>L15000206418</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ry Company," the designation "LLC"	or the abbreviation "L.U.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		9 =
Enter new mailing address, it applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		565 Q QP 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Tice address on our records e: Enter Florida street address	
		Zin Code
•	City	Lip 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

Title	Name	Address	Type of Action
AMBR	Jennifer Sandra Wetstein	3005 N.Atlantic Blvd	D Add
		Fort Lauderdale, FL 33308	⊠ Remove
			Change
AMBR	SHAHRAM HASSELI	22199 CRESSMONT PLACE	_\ Add
		BOCA RATON, FL 33428	□ Remove
			Change
			Add
			Remove
			St Change
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			D Change
			
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e: If the date inserted	than the date of filing: the date must be specific and cannot be price in this block does not meet the appli on the Department of State's record	icable statutory filing requiren	(optional) days after filing.) Pursuant to 605.0 nents, this date will not be listed
ecord specifies a ne 90th day after	delayed effective date, but n the record is filed.	ot an effective time, at	12:01 a.m. on the earlier
d SEPTEN	MBER 14TH , 2018	·	
·	Y 0 -		
	Signature of a member or Qui	horized representative of a memb	<u> </u>
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