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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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TO:

Registration Section

Divi	ision of Corp	orations			
SUBJECT:	Рто Clean C	of Lee County LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	dence concerning this matter	to the following:		
		Laynor Rodriguez			
			Name of Person		
			Firm/Company		
		123 El Dorado BLVD N			
			Address	· · · · · · · · · · · · · · · · · · ·	
		Cape Coral Fl, 33993			
		-	City/State and Zip Code		
		procleanoflee@gmail.com			
		E-mail address: (t	to be used for future annual rep	ort notification)	
For further in	nformation co	ncerning this matter, please ca	all:	A.C.C.	2016
Laynor Rod			239 645-2 at ()	法司	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for the	e following amount:		2000 2000 2000	= 0
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Certificate of Certified Co (additional cop	of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Pro Clean of Lee County LLC			
(Name of the Limited I	Liability Company as it now appears on our records. Florida Limited Liability Company))	
The Articles of Organization for this Limited Liabi	ility Company were filed on 12/17/20151		and assigned
Florida document number L15000209188	·		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or		enter	the name of the n
registered agent and/or the new registered office	e address here:		2016
		Ser.	
Name of New Registered Agent:		<u> </u>	E 1
		Since	26
New Registered Office Address:	Enter Florida street address		0
		(F)	<u> </u>
· .	, Flor	ri <mark>da</mark> 를	7in Code
	1 1177		2.10 (0/10

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>	Address	Type of Action
AMBR	Mirtha M Perez	123 El dorado BLVD N	Add
		Cape Coral Fl, 33993	Remove
			☐ Change
AMBR	Livan Rodriguez	123 El Dorado BLVD N	Add
		Cape Coral Fl, 33993	Remove
			Change
		-	□ Add
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Filing Fee: \$25.00