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AND ANASSEE, FLORID

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Tha	+ Gill Prof. Name of Limi	essional Cleaning ted Liability Company	g Service LLC
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	AnnMarie	McDonald Name of Person	
	That Girl Pro	ofessional Cleaning S	service LLC
	3759 Barbi	200 Circle Sout	<u>h</u>
		e, F1. 32257 City/State and Zip Code agmail. Com obsused for future annual report notific	
For further information con	ncerning this matter, please ca	ıli:	
Annarie Name of	McDonald	at (904) 713.5 Area Code Daytime	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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

That Girl Professional Service Cleaning LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Lia	lability Company)	
The Articles of Organization for this Limited Liability Company w	were filed on <u>Jan. 13, 2016</u> and assigned	
Florida document number <u>L 1600008876</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	lity company here:	
That Girl Professional Cleaning The new name must be distinguishable and contain the words "Limited Liability	TyCompany," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETAR TALLAHAS	
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:		nev
		_
New Registered Office Address:	Enter Florida street address	_
	, Florida	_
N. B. L. J. B.	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accent the appointment as registered agent and agree	ve to act in this canacity. I further agree to comply with	the

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00