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JUN 29 2016 S. YOUNG

COVER LETTER

Division of Cor			
	ATION CLEANING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	,, , , , , , , , , , , , , , , , , , ,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William Jared Gorman		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	30A VACATION CLEAN	TING LLC	
		Firm/Company	
	402 BAYSHORE DR		16 JUH 27 PH 12: 38
	 	Address	
	PANAMA CITY BEACH	, FL US 32407	1112:
	jawilson202@gmail.com	City/State and Zip Code	ည ်
	•	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Jared Gorman		850 890-0283	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

30A VACATION CLEANING, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	- Alan Buran
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on February 09, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		100
(Principal office address MUST BE A STREET ADDRESS)		の [
		2 537
		12 Sept.
Enter new mailing address, if applicable:		PM 12:
(Mailing address MAY BE A POST OFFICE BOX)		12 C. 12
	-	8 Em
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	· ·	er the name of the nev
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 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 -	James Adam Wilson	1504 Trout Lane			
		Panama City Beach, FL 32408	□ Remove		
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Page 2 of 3

If amending any other in	ormanon, enter c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(, , , , , , , , , , , , , , , , , , ,		
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Effective date, if other the If an effective date is listed, the date: If the date inserted in document's effective date or	ate must be specific an this block does not	nd cannot be prior to meet the applicab			filing.) Pursuant to 60	
ne record specifies a de The 90th day after th			an effective t	ime, at 12:01 a	.m. on the earli	er of:
Dated		2016				
	1	JNER	OR	lune		
	Signature of a	member or authori	zed representative	of a member		
	JARE	_				

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Filing Fee: \$25.00