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COVER LETTER

TO:	Registi Divisio	ration Sect on of Corp	cion orations			
01 ID 1		&H CLEAN	NING SERVICES LLC			
SORI	ECT:		Name of Limi	ited Liability Company		-
The e	nclosed Ai	ticles of A	mendment and fee(s) are sub-	mitted for filing.		
Please	return all	correspon	dence concerning this matter	to the following:		
			EVA I LEMUS LARA			
				Name of Person		
				Firm/Company		
			2015 128TH AVE E			
				Address		_
			PARRISH, FL 34219			_
				City/State and Zip Code		
			LUIS_OPTICALL@YAHC			_
			E-mail address: (to be used for future annual re	eport notification)	
For fu	rther info	mation cor	ncerning this matter, please ca	all:		
EVA	I LEMUS	LARA		at (
		Name of I	Person	at () Area Code	Daytime Telephone Num	ber
Enclo	sed is a ch	eck for the	following amount:			
■ \$2	25.00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certification Ce	Filing Fee, icate of Status & ied Copy and 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



E&H CLEANING SERVICES LLC

(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 In Florida document number L16000030922	Liability Company were	filed on 02/12/2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
•	<u></u>		· · · ·
Enter new mailing address, if applicable:			
(Mailing address MAYBE A POST OFFICE	<u> BOX)</u>		
			
B. If amending the registered agent and registered agent and/or the new registered of		ddress on our records	s, enter the name of the new
Name of New Registered Agent:	JEYDI E RAMOS LE	MUS	
New Registered Office Address:	2015 128TH AVE E		
•		Enter Florida street addres	SSS .
	PARRISH	, Flo	orida <u>34219</u>
	C	ity	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>	Name	Address	Type of Action
MGR	JEYDI E RAMOS LEMUS	2015 128TH AVE E	Add
		PARRISH, FL 34219	□ Remove
MGR	EVA I LEMUS LARA	2015 128TH AVE E	
		PARRISH, FL 34219	■ Remove
			☐ Change
			
			Remove Change
			Change
	*		□ Add
			Remove
			☐ Change
			
			Remove
			□ Change

	77. C
Effec	ctive date, if other than the date of filing: 04/05/2017 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	d April 4th, 2017.
	× Jondillamor
	Signature of member or authorized representative of a member
	` '

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Filing Fee: \$25.00