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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BAD Cleaning Service W. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bosilia Rivas Name of Person Bosilia Rivas Proside France BAD Cleaning Firm/Company Service UC 925 Red Dandy Dr
City/State and Zip Code basilia 1982 a hot mail . com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Basilia Rivas at (407) 255-9328 Para Same of Person Area Code Daytime Telephone Number Same
Name of Person Area Code Daytime Telephone Number Solution Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Solution 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

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1341) Ulanin	of service Ill
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company vibration for the Articles of Organization for the Limited Liability Company vibration for the Articles of Organization for the Organization fo	were filed on <u>15/05/14</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	925 Red Dandy Dr Orlando FL 32818
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here	
Name of New Registered Agent:	2011 TAL:
· · · · · · · · · · · · · · · · · · ·	DN B
New Registered Office Address:	Enter Florida street address ST. 2
New Registered Agent's Signature, if changing Registered Agent:	City , Flortda Zip Code ;
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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** Daniel MESPINOL 925 Red Davidy Dr MSR ☐ Add Orlando FL 32818 ☐ Remove _□ Change MGR Basilia Rivas 925 Red Dandy Dr Orlando FL 32818 □ Remove ☐ Change ☐ Add □ Remove ☐ Change D Change Æ Add Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

D. If amending ar	ny other informa	tion, enter	change(s) he	re: (Attach a	dditional she	ets, if nece	ssary.)	,	
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Filing Fee: \$25.00