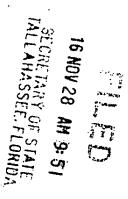


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: X+reme property Clean up (CC) 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:
Shermaine Randall Name of Person Firm/Company
Firm/Company
7655 SW 10+9 St Apt C
North Lauderdale FC 33068 City/State and Zip Code Shermane randall a gmall. Com E-mail address: (to be used for future annual report notification)
Shermane Randall at 954 2/3 7265 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Name of the Limited Liability Con (A Florida Limit	mpany/as it now appears on our records.) ted Diability Company)	LC_
The Articles of Organization for this Limited Liability Compa Florida document number <u>L/600092</u>	any were filed on $\frac{5/13/2}{62.3}$	O(ω and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I Panda // Consultav The new name must be distinguishable and contain the words "Limited L	ots LLC	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	7A 88 6
Enter new mailing address, if applicable:		MOV 28 AHASSE
(Mailing address MAY BE A POST OFFICE BOX)		70 3 77
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	Enter Florida street address	
	, Florida	Zip Code
	O.i.,	esp come

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

Title Name Address Type of Action

AMBR | Delibert Smith | 1940 Swills Ave | Add

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