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COVER LETTER

TO:	Registration Se Division of Corp			
SUBJE		HOUSEKEEPING SERVICES	, LLC	
30131	CI	Name of Lim	ited Liability Company	
The end	closed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		SAUL LOZANO JR		
			Name of Person	
		LOZANO HOUSEKEEPI	NG SERVICES, LLC	
			Firm/Company	
		26450 NOBLE LN		
			Address	
		BONITA SPRINGS, FL 34	4 135	
			City/State and Zip Code	
		L.A.S.18GROUP@GMAIL		
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information ed	oncerning this matter, please ca	all:	
SAUL	LOZANO JR		239 877-7709 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne 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

LOZANO HOUSEKEEPING SERVICES, LLC

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

(A Florida Limited Liability Company)

(r	Crional Elimica Elabitity Company)	6 800
The Articles of Organization for this Limited Liab	bility Company were filed on 05/20/2016	and assigned
Florida document number L16000099407		and assigned as
This amendment is submitted to amend the follow	ving:	,
A. If amending name, enter the new name of t	he limited liability company here:	
LOZANO SERVICE GROUP, LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	r registered office address on our records, <u>e</u> ce address here: Enter Florida street address	nter the name of the nev
	, Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing Re	gistered 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 Type of Action **Title** <u>Name</u> **Address** _ Add ☐ Remove _□ Change □ Add □ Remove _□ Change _□ Add _□ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add

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ective date, if other than the effective date is listed, the date mate: If the date inserted in this nument's effective date on the	ust be specific and oblock does not me	annot be prior to di et the applicable	ate of filing or more th	ian 90 days after filing	g.) Pursua	
record specifies a delayon The 90th day after the re		ite, but not a	n effective time	, at 12:01 a.m.	on the	e earlier
ed APRIL 26		2018				9
<u> </u>	Saul Loc	ino			8 APR	SECRET
	Signature of a m	ember or authorize	d representative of a	member	30	77.00 F
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Filing Fee: \$25.00