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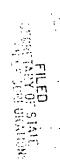
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COVER LETTER

Division of Co		1 A	
	D MOP CLEANING SERVICE	E, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PENNY LACORTE		
		Name of Person	
	RAG AND MOP CLEAN	ING SERVICE, LLC	
		Firm/Company	
	PO BOX 946		
		Address	
	JENSEN BEACH, FL 349	Address City/State and Zip Code M Cito be used for future annual report notification) call: 255.00 Filing Fee & Certified Copy (additional copy is enclosed) City Status & Certified Copy (additional copy is enclosed)	
PO BOX 946 Address JENSEN BEACH, FL 34958 City/State and Zip Code PSLACORTE@AOL.COM	City/State and Zip Code		
	_		
			(cation)
For further information of	concerning this matter, please e	all:	
PENNY LACORTE			
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
MAII	INC ADDRESS	STREET/COURIE	TD ANNESS.

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**

RAG AND MOP CLEANING SERV		
(Name of the Limited	Liability Company as it now appears on our rec Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Lial	bility Company were filed on 06/08/2016	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
N/A		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "I	LC" or the abbreviation "LL.C."
Enter new principal offices address, if applicat	ole: N/A	HAR 2
Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	N/A	STATE
Mailing address MAY BE A POST OFFICE B	<u></u>	
		rds, enter the name of the ne
egistered agent and/or the new registered office Name of New Registered Agent:	<u>ce address here</u> :	rds, enter the name of the ne
egistered agent and/or the new registered office	<u>ce address here</u> :	
	N/A Enter Florida street add	

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>	<u>Address</u>	Type of Action
MGR	JAMES CANDY	PO BOX 946	□ Add
		JENSEN BEACH, FL 34958	■ Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			☐ Change
	,		□ Remove
			Change
			□ Remove
			Remove
			APP OF STATE
			□ Reffleve
			□ Change

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TENTON DOLLAR CLASS CONTRACTOR CLASS CONTRACTOR CONTRAC	Typed or printed name of signee	The	90th day after the record is filed. March 21, 2017.	

Page 3 of 3

Filing Fee: \$25.00