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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Bay Avea Cleaning Authority, LLC Name of Limited Bability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Heather Goff Name of Person |
| Bay Alla Chann Authorty Firm/Company |
| 49166 cambridge Bird C25-103 |
| Palm Harby, FC 34685 City/State and Zip Code Neather and FD IVE COM Party State Party State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Heather Goff Name of Person at 77 218 8545 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$\Begin{array}{c} \$\$ \$30.00 \text{ Filing Fee & Certificate of Status} \end{array}\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Bay Area Cleaning A | (U+NO/1+ | rs on our records.) |
|--|--|--|
| (A Florida Limited Li | iability Company) | rs on our records.) |
| The Articles of Organization for this Limited Liability Company v Florida document number 81-3123142. | were filed on <u></u> |)-37-2016 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company h | ere: |
| Tampa Bay Home Clean's The new name must be distinguishable and contain the words "Limited Liability | na X De | rts, LLC, |
| Enter new principal offices address, if applicable: | 4966 | cambridge Blvd |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4966 Palm | Cambridge Bird SSET |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | n our records, enter the name of the new |
| | | |
| Name of New Registered Agent: | , | 4 |
| New Registered Office Address: | | |
| | New Registered Office Address: Enter Florida street address | |
| · | | , Florida |
| | City | 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 = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|---------|------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| an effective date i lote: If the date | if other than the date is listed, the date must be spe inserted in this block dottive date on the Departm | ecific and cannot be oes not meet the a | oplicable statutor | ng or more than 90 day y filing requiremen | (optional) ys after filing.) Pursuant | Tr. to 605.0207 |
| e record spec The 90th da | cifies a delayed effe by after the record is | ective date, bus s filed. | t not an effec | tive time, at 12 | :01 a.m. on the ϵ | earlier of |
| Dated | 8-17 | , | • | | | |
| | deathe Signa | ture of a member | authorized represe | ntative of a member | | _ |
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Page 3 of 3

Filing Fee: \$25.00