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COVER LETTER . . .

TO: Registration S Division of Co			
SUBJECT:	rome Cla	Egning Sevvic	e LLC
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	Henry	Garcia	
	<u></u>	Name of Person	
	Aroma	Name of Person ('lean's Service Firm/Company	(()
		Firm/Company	
	8066	Brightea Dr. Address	
		Address	
	Builnton	Address Perul FL 3	27/72
	V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	City/State and Zip Code	
	E-mail address:	(to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please o	all:	
Henry G	au ci a	nt (813) 767-	7566
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	_		
\$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

<u>Aroma</u> Cle		ce, LLC	
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	<u>1 Our records.</u>)	
The Articles of Organization for this Limited Liab	oility Company were filed on	7/11/16 and assigned	
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:		
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicab	ole:		_
(Principal office address MUST BE A STREET	ADDRESS)		_
			
Enter new mailing address, if applicable:		i 6 (1	· · · · ·
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			. Fa .:
B. If amending the registered agent and/or	ragistavad office address on a	I I I I I I I I I I I I I I I I I I I	A C
registered agent and/or the new registered office		records, enter the name of the	IICY
Name of New Registered Agent:			`
New Registered Office Address:			
	Enter Florida .	street address	
	City	, Florida Zip Code	_
	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 = Manager AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** □ Add □ Remove ☐ Change □ Remove □ Change _D Add □ Remove ☐ Change _□ Add _□ Remove _□ Change DbA 👊 ☐ Remove _□ Changè _□ Add □ Remove □ Change

	Commercial	cleaning	business."	
		<u>.</u>		
_				
				<u>,</u>
_				
Mote: It	e date, if other than the tive date is listed, the date must the date inserted in this blo it's effective date on the De	cx does not meet the a	prior to date of filing or more than 90 days pplicable statutory filing requirements, ords.	optional) after filing.) Pursuant to 605.0207 (3) , this date will not be listed as the
he reco The 9	rd specifies a delayed Oth day after the reco	effective date, burd is filed.	t not an effective time, at 12:0)1 a.m. on the earlier of:
Dated		4.6	ercia	
			authorized representative of a member printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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