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TECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Great leaning Crew Services 61 C. 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:
Marlene Henry Name of Person Great Cleaning Crew (leaning Firm/Company)
1919 Lydlow Ln Address
Orlando Glonda 32839 City/State and Zip Code City/State and Zip Code City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 285-2239 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (cadditional 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

GreatCleanin	g Crew Services LLC	
(Name of the Limi	tel Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited L	iability Company were filed on	and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	<u></u>
(Principal office address MUST BE A STREE	ET ADDRESS)	
		TASE 6
Enter new mailing address, if applicable:		ANG -3
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B, If amending the registered agent and registered agent and/or the new registered o	or registered office address on our re	cords, enter the name of the new
Name of New Registered Agent:	100 mens Hong	N .
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 = Manager AMBR = Authorized Member **Title Address** <u>Name</u> Type of Action Markene Henry Add ☐ Remove ☐ Change Charlotte Thomas 1919/udlowln Ort. A. 32838 **1** Add ☐ Remove ☐ Change 1919 Ludlow In Orl, A AMBR Crystal Brown **Œ**Âdd 32839 □ Remove Remove ☐ Change □ Add □ Remove ☐ Change □ Add

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reffective date te: If the dat	if other than the is listed, the date me the inserted in this ective date on the	iust be specific ar block does not	nd cannot be prion meet the application.	or to date of filing cable statutory	g or more than 90 da	(optional) ays after filing.) Pursua ants, this date will no	nt to 605.02 t be listed
	ecifies a delaye ay after the re			ot an effecti	ve time, at 12	2:01 a.m. on the	e earlier
ted	1- 20	16	, 20/6	·	tative of a member		

Page 3 of 3

Filing Fee: \$25.00