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SECRETARY OF STATE

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K.SALY EXAMINER SEY - 7

COVER LETTER

| TO: Registration Section Division of Corpor | | |
|---|---|---|
| SUBJECT: | Albatros Business & Consultin | ng ice |
| The enclosed Articles of Am | nendment and fee(s) are submitted for filing. | |
| Please return all corresponde | ence concerning this matter to the following: | |
| | Paula Blanchet Name of Person | |
| | Patch & Clean Management | rt Corb |
| | 3101 Magure Blvd. Suite | e 280 |
| | Orlando FL 32803 City/State and Zip Code | |
| - | E-mail address: (to be used for future annual report notification) | dean.com |
| For further information conc | cerning this matter, please call: | |
| Paula 31 Name of Pe | erson at (407) 730 - 25 Area Code Daytime Teleph | 9 ST none Number |
| Enclosed is a check for the for | Collowing amount: | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status | \$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

| N | 2016 SEP_ ED | |
|---------|--|---|
| our rec | 2016 SEP PH 2: 4 ords.) 2016 SEP PH 2: 4 | 0 |

| Middles & consulting | 100 AG /AG |
|---|--|
| (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) | records.) AFRICATION OF STATE OF STATE OF STATE |
| The Articles of Organization for this Limited Liability Company were filed on Augus | # 23 2016 and assigned |
| Florida document number L 16000157608 | 1 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here: | ecords, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Florida street | address |
| Enter rioriuu sireei | una cas |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| | Manager = Authorized Member | | | | | | |
|--------------|--------------------------------|------------------|----------|----------|---------------------------------------|-------------|----------------|
| <u>Title</u> | Name | | Address | | | | Type of Action |
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| fective date, if other them offective date is listed, the date: If the date inserted in current's effective date or | late must be specific and this block does not m | cannot be prior to neet the applicabl | date of filing or e statutory fili | nore than 90 days | optional) after filing.) Pursuant , this date will not b | to 605,0207 be listed as |
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| ted 08 29 | , | 2016 | | | | |
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| | Signature of a n | nember or authoriz | ed representativ | e of a member | | |

Page 3 of 3

Filing Fee: \$25.00