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(Cit	ty/State/Zip/Phoni	e #)
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COVER LETTER

Division of Co	rporations		
SUBJECT:	LD EXPERT CLEANI	NG LLC	
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LÆ	VI ALVES DE ARAUJO	
		Name of Person	
		Firm/Company	
	171	0 SE 43RD TERRACE	
		Address	
	CA	PE CORAL, FL 33914	
	LEO	City/State and Zip Code JAIMEFL@GMAIL.COM	
	l:-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	ali:	
LEVI ALVE	S DE ARAUJO	239 878-9626	
Name of Person		at () 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	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
34.11	INC ADDDESS		1 n

MAILING ADDRESS:

TO:

Registration Section

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

LD EXPERT CLE		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companifornia document number116000168382	y were filed on 09/09/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		18 DIV.s
Principal office address MUST BE A STREET ADDRESS)		SE OISI OISI
		— ?
inter new mailing address, if applicable:		AR POR
Mailing address MAY BE A POST OFFICE BOX)		- 8- 3-
		<u> </u>
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		the name of the
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Solange De Andrade Alves Gom	715 SE 11TH AVE	
		CAPE CORAL, FL 33990	
			☐ Change
			□ Remove
			Change
			
			Remove
			☐ Change
			
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			☐ Change

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Effective date	e, if other than the da e is listed, the date must be	ate of filing:	an prior to data of fili	ng or more than (V) d	_ (optional)	nament to f	ะบะ บวน.
Note: If the da	ite inserted in this block ective date on the Department	k does not meet the	applicable statutor	y filing requireme	nts, this date will	not be li	isted as
	ecifies a delayed e lay after the recon		ut not an effec	tive time, at 12	2:01 a.m. on	the ear	rlier o
טוופ שטנוז מ	ay aiter the recon	a is illeu.					
Dated August	10	2018					
	— — · ,) - <u> </u>	•				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00