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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 13 Pro Cleaning LLC 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:
Durane Collier Name of Person
Firm/Company
7909 Wain wright Dr
Jacksonville Fl 32206
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 (904) 422-5441  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

US Pro Cle	aning LLC	de )		
(A Florida Lir	Company as it new appears on our record mited Liability Company)	<u>.ss.</u> /		
The Articles of Organization for this Limited Liability Com Florida document number <u>L1600017708</u>		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited  J3 Trun 5 Dorta +  The new name must be distinguishable and contain the words "Limited"	rion LLC	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
	<del></del>	19 J		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our record s here:	s, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addres	75		
	City , FI	Orida 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date in the date	if other than the d is listed, the date must be inserted in this bloc tive date on the Dep	e specific and ca k does not me	annot be prior to et the applicabl	date of filing or e statutory fil	more than 90 day	safter filing ) Pur	suant to 605.020 not be listed a
record spec The 90th da	cifies a delayed or y after the recor	d is filed.					the earlier o
ated <u>Ju</u>	ne 1	, ,	<u> 2019</u>		ve of a member		
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Filing Fee: \$25.00