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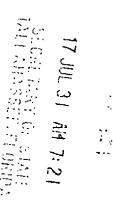
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COVER LETTER

TO:	Registration Sec Division of Corp			
C-1175 11	י אויי איין	D & J KING	S CLEANING SERVICE, LLC	
SUBJI	ECT:	Name of Limi	ited Liability Company	<u></u>
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			ANA CHAVARRIA	
		,	Name of Person	
			Firm/Company	
			595 LYNNEDA AVE	
			Address	
		F	FORT MYERS, FL 33905	
			City/State and Zip Code	
			ARRIA4806@GMAIL.COM to be used for future annual report no	literation
For fu	rther information co	oncerning this matter, please co		meatony
	ANA CHAV	ARRIA	239 478-1734 at ()	
	Name of	f Person		me Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is eaclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:		HER ADDRESS:
		ation Section n of Corporations	Registration Sect Division of Corpo	
		ox 6327	Clifton Building	
	Tallaha	issee, FL 32314	2661 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & J KINGS CLEANING SERVICE, LLC

(<u>Name of the Limited Liability</u> (A Florida I	: Company as it now app Limited Liability Compan	<u>sears on our records.</u>) S	
The Articles of Organization for this Limited Liability Co	mpany were filed on	10/13/2016	and assigned
Florida document number L16000189954		· ·	<u></u>
riorida doctaneta manoer	-		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liabil <u>ity company</u>	here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," tl	ie designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
			62 W
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			7
muning dualess state DE A 1 031 VITTCE BOA			-07: 2 07: 2
			- 5
Name of New Registered Agent:	ess here:		.
New Registered Office Address:	Enter i	Florida street address	
	City	, Flori	I da Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		·
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance ent as provided for i	of my duties, and n Chapter 605, F. reby confirm that	I am familiar with and S. Or, if this document is the limited liability
	Page 1 of 3		

If amendin or removed	g Authorized Person(s) authorized to m from our records:	nanage, enter the title, name, and ad	dress of each person being added
MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JESSY REYES	595 LYNNEDA AVE	
		FORT MYERS. FL 33905	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			☐ Remove
			☐ Change

ir amending a	ny other information, en	ter change(s) here. ()		, ,,
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				17, 17,
				10 A
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If an effective date Note: If the da	, if other than the date of e is listed, the date must be speci te inserted in this block does ective date on the Departmen	fic and cannot be prior to da not meet the applicable	ate of filing or more than 90 c	_ (optional) days after filing.) Pursuant to 605.020 ents, this date will not be listed as
he record sp The 90th d	ecifies a delayed effect lay after the record is f	ive date, but not an iled.	n effective time, at 1	2:01 a.m. on the earlier o
Dated	JULY 26	2017		
	Signatur	MUKINAL OF Authorize	d representative of a membe	r
		ANA CHAVAR	.RIA	
		Typed or printed na	ame of signed	
			f .	

Filing Fee: \$25.00