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TALLANASSEE, I LORBOA

D. SCOTT MAR. 9 2017

COVER LETTER

Division of Co	rporations		
SUBJECT 3D	Clarine Comin	eac LLC	
SUBJECT: <u>JD C</u>	Name of Lin	ces LLC nited Liability Company	······································
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing.	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Dain Mon	VY/S Name of Person	· · · · · · · · · · · · · · · · · · ·
		Services LLC Firm/Company	
	4066 Eastri	dge Circle	
	no to 1 Ross	Address 33ALU	
	Deerrield Deac	City/State and Zip Code	
	Hoin M421 Bom. E-mail address:	Address A FL 33064 City/State and Zip Code ai// Com (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c		
Dain Morris		at (<u>850</u>) <u>59/-/6</u> Area Code Daytim	93
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		Sectificate of Status &
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	
Registration Section Division of Corporations		Registration Section Division of Corpor	n
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Ce Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3D Cleaning	Services LLC ability Company as it now appears on our records.) orida Limited Liability Company)	
(<u>Name of the Limfted Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on $10/27/2016$	and assigned
Florida document number <u>L160001983</u> 2		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
3D inspection Services	LLC	
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 AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or r		r the name of the new
registered agent and/or the new registered office	address here:	200
		三部 第 世
Name of New Registered Agent:		
New Registered Office Address:		留意 2 0
	Enter Florida street address	Pos 5
	. 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> Name **Address Type of Action** _□ Add _□ Remove _□ Change _ Add _□ Remove ☐ Change □ Add ☐ Remove _ Change _ Add □ Remove □ Change <u>∵ ∞</u>□ **⊼₫**d Remove— Change Add; ☐ Remove _□ Change

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	e date, if other than the date of filing: (optional)	
fectiv	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	.020
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Filing Fee: \$25.00