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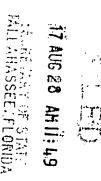
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COVER LETTER

Division of Corporations
SUBJECT: J and E Cleaning Solutions 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:
Evelyn Chervony. Name of Person
Firm/Company
4324 Sawyer Cir Apt B.
ST Cloud, FL 34772 City/State and Zip Code
EVELUNChery On U. C. 100 d. Com. JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Evelyn Chervony at (321) 948-57 (01) Name of Person at (321) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ 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**

Alassi a a Caladia

J and E Lleuning	Solutions LUC	
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on NOV. 08, 2016 and assigned	
Florida document number L1 4000 20 5 197.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Hydro Dynamic Connection.	s LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	4326 Sawyer Cir Apt B. ST Cloud, FL 34772.	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		<u>*</u>
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	Florida	
	City Zip Gode	
New Registered Agent's Signature, if changing Registered Agent:	;. v o	

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

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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· If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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	ord specifies a delaye 90th day after the re			: an effective tir	me, at 12:01 a.	m. on the ea	arlier of:
Dated _	August 2	4	, 2017	_··			
	August 2 Evelyr	Signature of a	member or author	rized representative o	f a member		-
	~						

Page 3 of 3

Filing Fee: \$25.00