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SECRETARY OF STATE

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COVER LETTER

TO: Registration Division of C			
	Cleaning Company, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Milton Freitas		
		Name of Person	
	Atlantica Cleaning Comp	pany, LLC	
		Firm/Company	
	1731 NW 2nd St. A-2		
		Address	
	Deerfield Beach, Fl 3344	12	
		City/State and Zip Code	
	miltonfreitas1@hotmail.co		
For further information	E-mail address: (to be used for future annual report notifi all:	cation)
Milton Freitas		954 234-0561 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlantica Cleaning Company, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/27/2016	and assigned
florida document number L16000231794		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	,
Atlantica Services, LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SECTION TO
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		OF STATE OF STATE
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	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:

or removed from our records:		
MGR = Manager AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Change
			Add
			Remove
			Change
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dfect	stive date if other than the date of filing:	(optional)
fan eff Note:	Attive date, if other than the date of filing: Affective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day But the date inserted in this block does not meet the applicable statutory filing requirement	s after filing.) Pursuant to 605.0207 is, this date will not be listed as
docum	ment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at 12: se 90th day after the record is filed.	:01 a.m. on the earlier of
Dated	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00