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## **COVER LETTER**

то:	Registration Se Division of Cor		÷					
SHRIF		ON MASTER LLC						
SUBJECT: Name of Limited Liability Company								
The end	closed Articles of	Amendment and fee(s) are sub	nitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		JAUDRY O PALACIOS						
			Name of Person	<del></del>				
			Firm/Company	<u>.</u>				
		5041 DR. MARTIN LUTE	IER KING JUR ST S					
			Address					
		SAINT PETERSBURG, FI	1., 33705					
		jacleanmaster@hotmail.com	City/State and Zip Code					
		E-mail address: (t	to be used for future annual report not	ification)				
For fur	her information c	oncerning this matter, please ca	il:					
JAUDI	RY O PALACIOS	3	813 270-4415 at ( )					
	Name o	f Person		ne Telephone Number				
Enclose	ed is a check for th	ne following amount:						
<b>■</b> \$25	5.00 Filing Fee	S30.00 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:

e . .

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

J&A CLEAN MASTER LLC		
( <u>Name of the Limited Lia</u> (A Flo	hility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number $\frac{1.17000003890}{1.17000003890}$	y Company were filed on 01/05/2017	and assigned
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	limited liability company here:	,
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	the abbreviation J.L.C.
Enter new principal offices address, if applicable:		The second second
(Principal office address MUST BE A STREET AD	DRESS)	
		29 or
		55
Enter new mailing address, if applicable:	<del> </del>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	• -	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	la
<del></del>	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>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00