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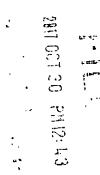
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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: On	Site Cleanir Name of Limite	ng & Restoration	on LLC
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Robert	+ Kennedy Name of Person	
	On Site	Cleaning & Res	toraction LLC
	11440	Mattioda Rol.	
	Garove	eland, Fl. 34736 City/State and Zip Code	
-	E-mail address: (to	nstecleaning fl. C	om
For further information cone	erning this matter, please call	1:	
Robert Kes	nnedy	at (352) 267-8 Area Code Daytime T	308 (Celephone Number
Enclosed is a check for the fo	ollowing amount:		_
□ \$25.00 Filing Fee (□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	2 \$60.00 Filing Fee, Certificate of Status & 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

On Site Cleaning 8 (Name of the Limited Liability Companical Limited	Restoration LLO y as it now appears on our record- ability Company)	<u>C</u>
The Articles of Organization for this Limited Liability Company v	vere filed on <u>1/25/2</u> 6	2/7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:	
On Site Commercial Servi The new name must be distinguishable and contain the words "Limited Liabilit	ces LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	" or the abbreviation? L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		#1477 (_) _2F 7
		O ,
		7.¢
Enter new mailing address, if applicable:	N/A	·
(Mailing address MAY BE A POST OFFICE BOX)		<u>်</u> ယ
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		s, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street address	S
		orida
	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
	<i>N/A</i>		
			☐ Remove
			☐ Change
			
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove
			Change +
			*
			Remove
		,	
			□ Remove
			☐ Change

Signature of a member or authorized representative of a member		<i>N/A</i>	
fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed; seffective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early of the day after the record is filed. Ordober 74 2017 Signature of a member or authorized representative of a member		·	
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October 24 . 2017	ective date is listed, the c If the date inserted in	date must be specific and cainost be prior to date of filing or more than 90 days afti i this block does not meet the applicable statutory filing requirements, th	er filing.) Pursuant to
October 24 . 2017			
Signature of a member or authorized representative of a member		elaved effective date, but not an effective time, at 12:01	a.m. on the e
Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member			₹.
Signature of a member or authorized epresentative of a member		ne record is filed.	₹.
- "	90th day after th	ne record is filed.	₹ .
	90th day after th	74. 2017.	
Typed or printed name of signee	90th day after th	74. 2017.	

Page 3 of 3

Filing Fee: \$25.00