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(Re	equestor's Name)	
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C. GOLDEN FEB 1 4 2019

COVER LETTER

Điv	ision of Cor	porations		
SUBJECT:	Xtreme Cle	aning And Janitorial Services		
((()))		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Antwon Audevert		
			Name of Person	
		Xtreme Cleaning And Jani	torial Services	
		-	Firm/Company	
		6101 NW 7 Avenue, 813		
			Address	
		Miami FL 33127		
		antwon.audevert@gmail.co	City/State and Zip Code m	-
		E-mail address; (to be used for future annual report notifi	cation)
For further in	iformation c	oncerning this matter, please ea	uff:	
Antwon Aud	levert		954 9948800 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)

 ${\bf MAILING~ADDRESS:}$

TO:

Registration Section

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

FILED

2019 FEB -8 PM 6: 2

XTREME CLEANING AND JANITO	ORIAL SERVICES,LLC		Same of Company
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.)	HASSEE,
The Articles of Organization for this Limited L	iability Company were filed o		and assigned
This amendment is submitted to amend the foli	lowing:		
A. If amending name, enter the new name of	of the limited liability compar	w here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	rable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered o		s on our records, <u>enter</u>	the name of the new
	6101 NW 7 Ave.,813		
New Registered Office Address:		r Florida street address	
	Miami	, Florida $\frac{33}{}$	127
New Registered Agent's Signature, if changing	Registered Agent:		Zip Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Antwon Audevert	6101 NW 7 Aveune,813 Miami FL 33127	■ Add
			□ Remove
			☐ Change
MGR Felicia R. Hudson	Felicia R. Hudson	6101 NW 7 Avenue,813 Miami FL 33127	□ Add
			■ Remove
			☐ Change
			Add
			C Remove
			☐ Change
			Add
			☐ Remove
			_ □ Change
			Add
			☐ Remove
			□ Change
			☐ Remove
			Change

). II amei _	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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. Effecti	re date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective 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 earlier of: 90th day after the record is filed.
Dated_	Jan Voidtet Lary 6. 2019 Lever Quelevert Signature of a memory of authorized representative of a memory
	Antwon Audevert

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Filing Fee: \$25.00