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(Reque	stor's Name)	
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

DEEP CLE	ANING SERVICES LLC	_	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	YARA ISAACS		
		Name of Person	
	DEEP CLEANING SERV	ICES	
		Firm/Company	
	13802 WRIGHT CIRCLE	BLDG H UNIT H2	
		Address	
	TAMPA, FL 33626		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
		at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration S Division of Co	
Division of C P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Co. (A Florida Lim	ompany as it now appears on ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Completion of the Articles of Organization for this Limited Liability Complete Liability C		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES.</u>	<u> </u>	
		2020 HAR SECTION LAN
Enter new mailing address, if applicable:		5. 9
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of igent and/or the new registered office address here:	fice address on our reco	rds, enter the name of the new reg
gent and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida

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 addeor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CESAR DE AQUINO LARA	13802 WRIGHT CIRCLE	
		BLDG H UNIT H2	■Remove
		TAMPA, FL 33626	
MGR	CARLOS E. LYNCH OVIEDO	13802 WRIGHT CIRCLE	
		BLDG H UNIT H2	_
		TAMPA, FL 33626	
			□ Remove
			☐ Change
			□Add
			□Remove
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Tective date, if other than the date of effective date is listed, the date must be ote: If the date inserted in this bloc occument's effective date on the Dep	k does not meet the ap	plicable statutory ii	(optior more than 90 days after ling requirements, this	nal) filing.) Pursuant to 605.0207 date will not be listed as
ecord specifies a delayed effective of	date, but not an effecti	ve time, at 12:01 a.t	n, on the earlier of: (b)	The 90th day after the
is filed.				
	2020			
is filed. MARCH 16	2020			