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COVER LETTER

| TO: | Registration Sec Division of Corp | ction porations ' | · | | | |
|-----------------------------------|--------------------------------------|--|------------------------|--|--|--|
| CUBB | | REMODELING LLC | | | | |
| SUBJI | <u> </u> | Name of Lim | ited Liability Company | | | |
| | | Name of Limited Liability Company mendment and fee(s) are submitted for filing. mence concerning this matter to the following: JAZAHAIRA MORALES Name of Person JAJ HOME REMODELING LLC Firm/Company 1531 DREXEL RD LOT 401 Address WEST PALM BEACH, FL 33417 City/State and Zip Code JGUEVARA30@YAHOO.COM E-mail address: (to be used for future annual report notification) terming this matter, please call: at (| | | | |
| Please | return all correspor | ndence concerning this matter | to the following: | | | |
| | | JAZAHAIRA MORALES | | | | |
| | | | Name of Person | | | |
| JAJ HOME REMODELING LLC | | | | | | |
| Firm/Company | | | | | | |
| 1531 DREXEL RD LOT 401 | | | | | | |
| | | | Address | | | |
| | | WEST PALM BEACH, FI | _ 33417 | | | |
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| | | | - | ation) | | |
| For fur | ther information co | oncerning this matter, please ca | all: | • | | |
| JAZAHAIRA MORALES Name of Person | | | 561 373 2858 | | | |
| | | | Area Code Daytime 1 | Telephone Number | | |
| Enclose | ed is a check for th | e following amount: | | | | |
| □ \$25 | 5.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy | | |

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

| JAJ HOME REMODELING LLC | |
|---|---|
| (Name of the Limited (A | Liability Company as it now appears on our records.) Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liab Florida document number L17000040257 | oility Company were filed on FEBRUARY 20,2017 and assigned |
| This amendment is submitted to amend the follow | ring: |
| A. If amending name, enter the new name of the | he limited liability company here: |
| JAJ CLEANING SERVICES LLC | |
| The new name must be distinguishable and contain the word | ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | ole: |
| (Principal office address MUST BE A STREET. | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BO | OX) |
| | |
| | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | registered office address on our records, enter the name of the ne |
| | |
| 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

Page 1 of 3

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 = A | uthorized Member | | |
|--------------|------------------|---------------------------------------|---------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| | | | ☐ Remove |
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| Tective date, if other than the date of filing: February 20/2017 (optional) In effective date, if other than the date of filing: In the date inserted in this block does not ment be prior to date of filing or more than 90 duys after filing.) Pursuant to 605.02 In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed coment's effective date on the Department of State's records. It record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Typod or printed name of signee Typod or printed name of signee | | | | | • | | |
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| Jarahaira Morales | | Signatur | e of a member or at | thorized representa | tive of a member | *** | Andrease Marketing Andrease An |
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Page 3 of 3

Filing Fee: \$25.00