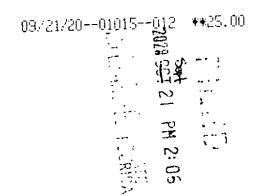
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(Re	questor's Name)	•
(Ad	dress)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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10/31/20

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	AMI CLEANING SERVICES I	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	ondence concerning this matter	to the following:	
	JORGE ADROGUE		
		Name of Person	
			202
		Firm/Company	- FX
	9710 SW 159 STREET		27
	**************************************	Address	P
	MIAMI, FLORIDA 33157		PM 2: 06
	ALL.FLORIDACCOUNTI	City/State and Zip Code	
		to be used for future annual report notification	on)
For further information c	oncerning this matter, please c	all:	
JORGE ADROGUE		786 342-3670	
Name o	f Person		ephone Number
Enclosed is a check for th	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 Address Registration 9	Section	Street Address: Registration Section	
Division of C P.O. Box 632	•	Division of Corpora The Centre of Talla	
Tallahassee, l	FL 32314	2415 N. Monroe Str Tallahassee, FL 323	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{03/06/2017}{}$	and assigned
Florida document number L17000051385		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
K & C MIAMI CLEANING AND TRANSPORT SERVICE		. 10
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		#BY
Principal office address MUST BE A STREET ADDR	RESS)	2
		no no
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	p p 1	
	Enter Florida street addre	255
		lorida
	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
			□Add
			□Remove
			□Change
			☐ Remove
		-	: SPE 2 □ Change
			D □Add
			Remove
			☐Change
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effective date is listed, the date must be: If the date inserted in this bloc	e specific and k does not n	l cannot be prio neet the appli	r to date of cable stati	filing or more itory filing i	: than 90 day equiremen	's after filing ts, this date	.) Pursuant will not	. to 605.02 he listed
iment's effective date on the Dep								
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ord specifies a delayed effective of filed.	iate, out not	an enective	ume, at 12	.,OT a.m. On	the carner	OI. (D) 11	ic will da	iy ancı ü
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d SEPTEMBER 9		. 2020	·	_				
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