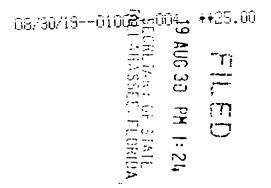
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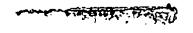
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COVER LETTER

		stration Sec sion of Corp						
eup ie c		CLOVER CLEANING SERVICES LLC						
SUBJEC	ν1: <u>.</u>	Name of Limited Liability Company						
The enclo	osed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn :	all correspor	ndence concerning this matter	to the following:				
			MARTHA BELEN ROJAS	S VELAZQUEZ				
				Name of Person				
	CLOVER CLEANING SERVICES LLC							
				Firm/Company	<u> </u>			
			330 W CORNELIUS CIR	. ,				
				Address				
			SARASOTA, FL 34232					
			BELEN.VELAZQUEZ@IC	City/State and Zip Code CLOUD.COM				
			E-mail address: (1	to be used for future annual report not	ification)			
For furth	er int	ormation co	oncerning this matter, please ca	ıll:				
MARTHA B. ROJAS VELAZQUEZ			LAZQUEZ	941 726-8019 at ()				
		Name of	Person		ne Telephone Number			
Enclosed	l is a	check for the	e following amount:					
\$25.0	00 Fi	ling 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:

TO:

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

CLOVER CLEANING SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/21/2019 and assigned Florida document number L17000064245 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Φ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DAVID ELIZARRARAS	330 W CORNELIUS CIR	
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		SARASOTA, FL 34232	
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Filing Fee: \$25.00