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S. WARREN 0CT 0 9 2017

COVER LETTER

TO: Registrațio Division of	a Section Corporations
SUBJECT:	Complete Clean Miami L.L.C. Name of Limited Liability Company
The enclosed Article	of Amendment and fee(s) are submitted for filing.
Please return all corr	spondence concerning this matter to the following:
	Manuel A. Castillo Name of Person
	Name of Person
	Firm/Company
	329 NE 87th St.
	Address
	329 NE 87th St. Address EL Portal, FL, 33138 City/State and Zip Code
	City/State and Zip Code
	Completecteanmiami@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Manuel	A. Castillo at (186) 683 - 6909 Area Code Daytine Telephone Number
Na	ne of Person Area Code Daytime Telephone Number
Enclosed is a check	or the following amount:
図 \$25,00 Filing Fe	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy radditional copy is enclosed) Certified Copy radditional copy is enclosed)

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

Complete Clea	n Miami L.	L.C
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our r ed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on $\frac{0.3}{3}$	31/2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	"L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our rec ere:	cords, <u>enter the name of the ne</u>
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street o	ddress
	72	, 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

SSE 5

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 = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Munuel A. Castillo	329 NE 87th St.	☑ Add
		El Portal FL, 33138	Remove
Mc -			Change
MGR	<u>Miguel A. Castillo</u>	7950 NE Bayshore Ct.	DAdd
	•	Apt. W1102, Migmi, FL, 33138	□ Remove
			Change
			Add
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Filing Fee: \$25.00