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April 26, 2018

JESSICA L STONE 4710 JOHN CARROLL RD S LAKELAND, FL 33801

SUBJECT: TRIPLE S CLEANING OF POLK, LLC

Ref. Number: L17000098576

We have received your document for TRIPLE S CLEANING OF POLK, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 of 3 is missing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00008583

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

Daytime Telephone Number Aren Code Name of Person

Enclosed is a check for the following amount:

- □ \$25.00 Filing Fee
- ☐ 530.00 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 Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taijanassce, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears an our recorded Liability Company)	DK, WC
The Articles of Organization for this Limited Liability Compa	nny were filed on	anti assigned
This amendment is submitted to amend the following:		
A If amending name, enter the new name of the limited	price, W	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2018 APR 30 PM
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strect addre:	xs
		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 amonding A	Authorized Person(s) authorized to man	rage, enter the title, mame, and address of each person being added
MGR = Ma	Trivia	5 Cleaning of POIK, W
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C Effecti	ve date, if other than the date of filing: 04 17 20 6 (optiona	ls.	
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Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this datent's effective date on the Department of State's records.	te will not be liste	ed as the
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	Signature of a member or authorized representative of a member		
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Page 3 of 3

Filing Fee: \$25.00