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MAY 3 0 2017 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wright Cleaning Service, LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Remond Wright Name of Person
Wight Cleaning Service, LLC
16935 NW 38 C+
Miami FL 33055 City/State and Zip Code Re/5 Cleaning Q Out Cook Com E-mail address: (to be used footuture annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 810 3842 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ (additional copy is enclosed)\$\$\$ Certified Copy \\ (additional copy is enclosed)\$\$\$\$ Certified Copy \\ (additional 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

The Articles of Organization for this Limited Liability Company were filed on Muy 22, 2017 and assigned Florida document number _L17000118545 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) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 = Au	ithorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Remond Wright	16935 NW 380 Miami FL, 330	+ DAdd
		Miami FL. 330	Remove
			Change
			Add
			□ Remove
			Change
			Remove
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If an effective date is listed Note: If the date insert	ter than the date of filing d, the date must be specific and the date in this block does not date on the Department of	nd cannot be prior to da meet the applicable			
	s a delayed effective ter the record is filed		effective time, at	12:01 a.m. on the	earlier of
		1.11			
Dated Muy	24	<u>., 2011</u> .			
Dated May	24 Rum	1. 2011 A. W	representative of a mem	hav	_

Page 3 of 3

Filing Fee: \$25.00