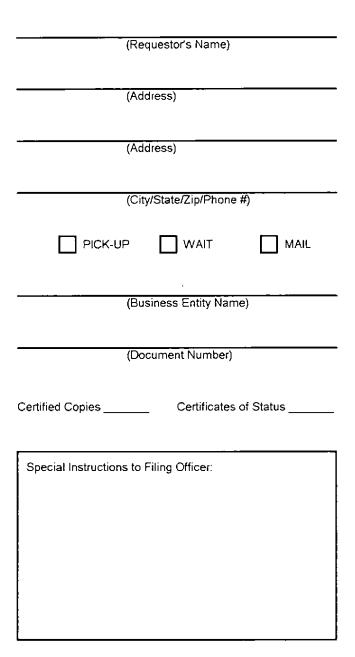
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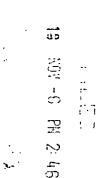






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11/06/18--01024--006 **30.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vallis Cleaning Service LLC Name of Limited Ligbility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mery Castellanos
Vallis Cleaning Service LLC
412 Sw. Ruffner Ct.
Port St. Lucie F1. 34953 Chy/State and Zip Code
Valliscleaning Service Ogmail. Com E-mail addies: (to be used for future armual report notification)
For further information concerning this matter, please call:
Mery Castellanos at 305) 975-2421 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S30.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \end{align*} \square \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \square \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \end{align*}

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

Vallis deaning Service LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Lin	nited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on <u>6 - 14 - 2017</u>	and assigned
Florida document number L17000130419		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	<u>-c</u>
		<u> </u>
The new name must be distinguishable and comain the words "Limited	I Liability Company," the designation "LLC" or the abbre	viation "EALC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address	Vallis cleaning Se 412 Sw Ruffner Port St. Lucie F1. red office address on our records. enter the ss here:	34953
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	. Florida	
		Zip Code
New Registered Agent's Signature, if changing Registered All hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I further agre implete performance of my duties, and I am far ont as provided for in Chapter 605, F.S. Or, if	this document is
	If Changing Registered Agent, Signature of New Regi	stered 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 Type of Action <u>Title</u> Name. MGR Valdes Teresita 819 SE Roulette Lane 34983
Port St. Lucie Fl. (XRem ☐ Change □ Add ☐ Remove □□ Change _E ∧dd Remove \sim □:Change

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n effective dat <u>ete:</u> If the da	te is listed, the date rate inserted in this	he date of filing: nust be specific and ca block does not me Department of Sta	annot be prior to day et the applicable :	e of filing or more than statutory filing require	(optional 00 days after filing ements, this dat	g.) Pursuant to 605.020
ine 90th o	day after the r	ecord is filea.		effective time, a		
ned	-29-1	8		representative of a mer ne of signee		
	Wky (Signature of a mo	and ember or authorized	representative of a mer	nber	
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Page 3 of 3

Filing Fee: \$25.00