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Amend

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COVER LETTER

TO:	Registration Se Division of Cor					
CUD ID		ING CLEANING SERVICES	LLC			
SUBJEC	ω1; <u> </u>	Name of Limited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		DAMELYS E EREU COR	dero,			
		MGR	Name of Person			
			Firm/Company			
	11213 SAVANNAH LANDING CIR					
		ORLANDO, FL 32832	Address			
		<u>Shimmening Clean</u> E-mail address: (City/State and Zip Code 1955 Senvices UC Pgmail to be used for future annual report notifi	. cm		
For furth	er information c	oncerning this matter, please ca	all:			
DAMEL	YS E EREU CO	PRDERO	407 342-4974			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne following amount:				
■ \$25.0	00 Filing 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:

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

SHIMMERING 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 07-27-2017 Florida document number L17000161660 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 mame of the new registered agent and/or the new registered office address here: N/A 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.

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KENNETH MARTINEZ	1583 DUBLIN RD DELTONA FL 32738	Add
			Remove
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	<u> </u>		
			Remove
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If amending any other inform N/Λ	iation, enter change(s) her	e. (Anach adam	mui sneets, ij neees	sur y.)
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Effective date, if other than the first an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be price block does not meet the appli	or to date of filing or n icable statutory filir	nore than 90 days after fi	ling.) Pursuant to 605.0207
ne record specifies a delay The 90th day after the re	ed effective date, but necord is filed.	ot an effective	time, at 12:01 a.	m. on the earlier of
Dated	2019			
	Signature of a member or aut	horized representative	e of a member	
DAMELYS E EREU				
		nted name of signee		

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Filing Fee: \$25.00