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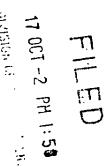
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COVER LETTER

Divisio	on of Corpo	rations		
BI SUBJECT:	LUE LINE	CLEANING COMPANY, L	LLC	
		Name of Lim	nited Liability Company	
The enclosed Ar	ticles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all	correspond	ence concerning this matter	to the following:	
		Rebecca Hevel		78-9886 Daytime Telephone Number & □ \$60.00 Filing Fee. Certificate of Status &
			Name of Person	
			Firm/Company	
		6347 57th Avenue N		
			Address	
		St. Petersburg FL 33609		
			City/State and Zip Code	
		walsh.rebecca@yahoo.com		
		E-mail address: ()	to be used for future annual report no	tification)
For further infor	mation cond	erning this matter, please ca	all:	
Rebecca Hevel			727 278-9886	
	Name of Po	erson	Area Code Daytir	ne Telephone Number
Enclosed is a che	eck for the f	following amount:		
■ \$25.00 Filinį	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE LINE CLEANING COMPANY, LLC		
(Name of the Limited Liability Compa (A Florida Limited	In as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 8/02/2017	and assigned
Florida document number L17000164928		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "Lit.C."
Enter new principal offices address, if applicable:		8 B T
• • •		1
Principal office address MUST BE A STREET ADDRESS)		
		- · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	-	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>ente</u>	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	City	Zin Coyla

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 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> Name</u>		Address	Type of Action		
MGR Rebecca I	Hevel	12901 129th Avenue N., Largo FL	■ Add		
			Remove		
			□ Change		
AMBR Matthew	Hev e l	12901 129th Avenue N., Largo FL	■ Add		
			□ Remove		
			Change		
AMBR Rebecca F	level	12901 129th Avenue N., Largo FL			
			Remove		
			Charles Charle		
			OCT I FI D Remove		
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record sp he 90th o	ecifies a d Jay after tl	elayed eff ne record	ective da is filed.	ate, but r	not an efi	ective tir	ne, at 12	:01 a.m.	on the e	arlier of:
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Page 3 of 3

Filing Fee: \$25.00