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J. HARRY

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TOP Note 1 Claning South of South Fronda
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lia Stikes Name of Person
Top Notch Claning Solutions of South Florida
3551 NW 88th Drive #103
Coral Springs F7 33065 City/State and Zip Code LSTIVES @ HOTMAIL. COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 271 7437 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{Certificate of Status}\$ Certificate of Status \$\text{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:

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP NOTCH Cleaning Se (Name of the Limited Liability Compan (A Florida Limited Li		
The Articles of Organization for this Limited Liability Company v Florida document number <u>U7000[76069</u> .	vere filed on 9/17/2017 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
STIKES BUSH	VESS SOUTHINS ILC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	*	
(Mailing address MAY BE A POST OFFICE BOX)	****	
D. If we have the residence because and the residence of a first		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		<u>Y</u>
Name of New Registered Agent:	1	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	City Zip Code	1
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreed provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to m from our records:	nanage, <u>enter the title, name, an</u>	d address of each person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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