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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	ect: Winsom	e Cleaning LLC of Limited Liability Company
The en	closed Articles of Amendment and fee(s)	are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	J	OSE M. Habib & Danago Name of Person Sanhago
	Wins	one Cleaning LLC Firm/Company
		winsome Cterry Lake Mary FC Address 32746
	Lak	Mary Fl 32746 City/State and Zip Code
	<u> </u>	City/State and Zip Code TS 26 @ Gmail- Com Idress: (to be used for future annual report notification)
For fur	ther information concerning this matter, p	 lease call:
Dei	Sha Santiago Name of Person	at (321) 337 1558 Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:	
□ \$2	5.00 Filing Fee S30.00 Filing Fee Certificate of St	
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Winsome Cleanir	19 LC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	.iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $9 - 6 - 1 + 2 = 4$ and assigned
Florida document number <u>L 17000 189 366</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2 1
	TI SEP 18 P
	9 8
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	2:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agreence or oversions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as position filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authori com our records:	ized to man: -	ge, enter the title, name, and address of each p	erson being added
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	Name		Address	Type of Action
AMBR	Jose M. Hal	 高り 	3534 Somerset cir Kissimmer FL 34746	_ X Add
				□ Remove
				Change
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				_□ Remove
				_D Change
				_□ Add
				_□ Remove
				□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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0 12 17	
E. Effective date, if other than the date of filing: 9-13-17 (optional) (If an effective date is listed, the date must be specificated cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1)	ъ)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	-,
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	
Dated 9-13-17	
Dated 9-13-1+	
Signature of a member or authorized representative of member	
Deisha Santiago Typed or printed name of signee	
A Share or Manuer and A share or	
Page 3 of 3	

Filing Fee: \$25.00