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COVER LETTER

TO; Registration Sectorial Division of Corp			
SUBJECT: Ada	me's Green Name of Limit	Cleaning U	<u> </u>
The enclosed Articles of A	mendment and fee(s) are subn	nitted for tiling.	
Please return all correspon	dence concerning this matter to	o the following:	
	Jessica Fr	ances Adame	Ď
	Adames G	scen Cleaning C	<u>LC</u>
	147 Ecot 1	15th 5t Apt C	
	ApopKa PI	3/2.703 City/State and Zip Code	
	Adames Ca	treen Cleaning Code treen Cleaning Code be used for future annual report Johns	Cimail Com
For further information cor	scerning this matter, please cal	II:	
Jessica A	idames	at (<u>UOI</u>) <u>UQI Q</u> Area Code Daytime T	C126 elephone Number
linelosed is a check for the	following amount:		
\$25.00 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, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adames Tree (Name of the Limited Liability Compan (A Florida Limited Liability Compan)	eaning LLC ny as it now appears on our records.) pability ("ampany)
The Articles of Organization for this Limited Liability Company v	_
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
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:

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

	Authorized Person(s) authorized to ma from our records:	mage, enter the title, name, and address of eac	n person being added
	anager) uthorized Member)		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
M5.	Jessia Adames	147 East 15th st Ap	- C w Add
ouner		Apopha FL 32703	□ Remove
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etive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to	(optional)
effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applical	o date of filing or more than ⁹ 0 days after filing.) Pursuant to 605 ble statutory filing requirements, this date will not be list
ument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earli
ne 90th day after the record is filed.	
ed Oct 13 2017	
$\frac{1}{\sqrt{2}}$	_
Jessica Adames	
Signature of a member or author	rized representative of a member
\ <i>\</i>	

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Filing Fee: \$25.00