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COVER LETTER

TO:	Registration Se Division of Cor		;	•
	CLĒANIN	G CARE DEPARTMENT LLC	2	
SUBJE		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	rturn all correspo	ondence concerning this matter	to the following:	
		FABIO ARRUDA		
		· · ·	Name of Person	
		CLEANING CARE DEPA	ARTMENT LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		2424 GRAND CENTRAL	PKWY # 2	
			Address	
		ORLANDO / FL - 32839		
			City/State and Zip Code	
		MARIOFRBJJ@GMAIL.C		
			to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ea	all:	
FABIO .	ARRUDA		407 668-1007 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	☐ \$36.00 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

CLEANING CARE DEPARTMENT LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000212186</u> .	were filed on OCTOBER	16, 2017 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2424 GRAND CENTRAL PKWY # 2		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO / FL - 32839		
	2424 GRAND CENTRAL	DV1VV # 2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ORLANDO / FL - 32839	51KW1#2	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		cords, enter the name of the	
	. <u>.</u>		
New Registered Office Address:	Enter Florida street a	ddress	
		, 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

If amending Authorizes 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
AMBR	MARIO DIAS DE OLIVEIRA	2413 RIVIERA LN	
		CLERMONT / FL - 34715	□ Remove
			Change
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