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COVER LETTER

Please return all correspondence concerning this matter to the following: KATHIE M. FIGUEROA Name of Person KATHIE'S CLEANING SERVICES LLC Firm/Company 2730 WINGFIELD PLACE Address KISSIMMEE, FLORIDA 34746 City/State and Zip Code FIGUEROA.KATHIE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KATHIE M. FIGUEROA att (Divisio	n of Corp	orations		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KATHIE M. FIGUEROA Name of Person KATHIE'S CLEANING SERVICES LLC Firm/Company 2730 WINGFIELD PLACE Address KISSIMMEE. FLORIDA 34746 City/State and Zip Code FIGUEROA.KATHIE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KATHIE M. FIGUEROA Name of Person Name of Person Daytime Telephone Number		ATHIE'S C	LEANING SERVICES LLC		
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Name of Person KATHIE'S CLEANING SERVICES LLC Firm/Company 2730 WINGFIELD PLACE Address KISSIMMEE. FLORIDA 34746 City/State and Zip Code FIGUEROA.KATHIE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KATHIE M. FIGUEROA at (The enclosed Ar	ticles of A	mendment and fee(s) are sub-	mitted for filing.	
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City/State and Zip Code FIGUEROA.KATHIE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KATHIE M. FIGUEROA at (2730 WINGFIELD PLACE	E	
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For further information concerning this matter, please call: KATHIE M. FIGUEROA at (FIGUEROA.KATHIE@GM		
KATHIE M. FIGUEROA 321 442-7620 at ()			E-mail address: (1	to be used for future annual report n	otification)
Name of Person at () Area Code Daytime Telephone Number	For further infor	rmation co	ncerning this matter, please ca	all:	
Name of Person Area Code Daytime Telephone Number	KATHIE M. FI	GUEROA			
Enclosed is a check for the following amount:		Name of	Person		ime Telephone Number
	Enclosed is a ch	eck for the	e following amount:		
Certificate of Status Certified Copy Certificate of State (additional copy is enclosed) Certified Copy	□ \$25.00 Filin	ng Fee		Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATHIES OF EANING SEDVICES FEC

KATTIE 5 CEEATING SER	TOLO BLC.	
(<u>Name of the Limited</u> (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records:
The Articles of Organization for this Limited Lial Florida document number	pility Company were filed on _	1973y2913 - 5 P land 4ssigned
This amendment is submitted to amend the follow	ving:	Comment of the Bridge
A. If amending name, enter the new name of t	he limited liability company h	ere:
KATHIE FIGUEROA CONSULTING LLC.		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole: N/A	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	N/A	
(Maning datess MAT BE ATOST OFFICE D		
B. If amending the registered agent and/or registered agent and/or the new registered offi		n our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
	Enter Flo	orida 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

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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KATHIE M.FIGUEROA	2730 WINGFIELD PLACE KISSIMMEE, FL 34746	
			Remove
AMBR	YOANSI ANEIROS	2730 WINGFIELD PLACE KISSIMMEE, FL 34746	Add
		· · · · · · · · · · · · · · · · · · ·	Remove
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Typed or printed name of signee

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