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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Clean Sweep Name of Limited Liability Cor	Cleaning UC
The enclosed Articles of Amendment and fee(s) are submitted for filing	
Please return all correspondence concerning this matter to the following	y: \
Lisa Rame of I	Person
Clean Swee	et Cleaning LLC
_36 Roches	ster LOOP
DAVERPORT, City/State and	FL 33897 Zip Code
E-mail address: (to be used for fut	9 Dy Ahoo com ure ahnual report notification)
For further information concerning this matter, please call:	
Name of Person at (35)	Sode Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\Bigcup \$55.00 Filing Fee \$\Bigcup \$55.00 Filing Fee \$\Bigcup \$60.00 Filing Fee \$\B	
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

(Name of the Limited Liability Company): (A Florida Limited Liab	is it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number	re filed on 12-11-2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the w	Empany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	TALL 18
(Principal office address MUST BE A STREET ADDRESS)	TR LCRF
-	B 172
Enter new mailing address, if applicable:	PH FOR
(Mailing address MAY BE A POST OFFICE BOX)	OR OR
	9 05
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	formance of my duties, and I am familiar with and wided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	om our records:	age, <u>entr</u>	ne cise, name, an	d address of Cach	person being au
MGR = Man AMBR = Auti	ager norized Member				
<u>Title</u>	Name	Address			Type of Action
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ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Need to Add List U. Ramirez to
_	Authorized Persons/ Detail online
_	30 its visible when my business
_	is pulled up online showing I
	an the authorized person to
	make decisions for the business.
	18 TAL
-	FEB
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fecti	ve date, if other than the date of filing: $2 - 8 - 1017$ (optional)
ote:	ective date is listed, the date must be specific and cannot be prior to date offiling or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	Kebniary 9. 2017.
	Signature of a member or authorized representative of a member
	Visa Parima
	Typed or printed name of stence

Page 3 of 3

Filing Fee: \$25.00