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COVER LETTER

TO: Registration Section Division of Corporations	
	Idriguez CLEANING IIC.
same of t	глинеса главину Сотрану
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
LiDiA	M. VAZQUEZ. Name of Person
	Firm/Company
4959	CANTON DR.
	Address
LAKE WO	DRTA, F1 33463 City/State and Zip Code
	City/State and Zip Code 998 9mat . Com ss: (to be used for future annual report notification)
For further information concerning this matter, pleas	
LIDIA M. VAZQUEZ	at (786) 285-7037.
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Boxed{\sigma} \$30.00 Filing Fee \$\Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number _L 18 00007729 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 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LIDIA M. VAZQUEZ.	4959 CANTON Dr.	
		4959 CANTON Dr. LAKE WORTH, FI 33463	S_□ Remove
		<u> </u>	Z Change
MGR	YAWE'TY C. Radriguez	5173 Purdy LN WEST PALH BEACH, FI 3841	Add
		WEST PALLY FI 3841	5 □ Remove
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Filing Fee: \$25.00