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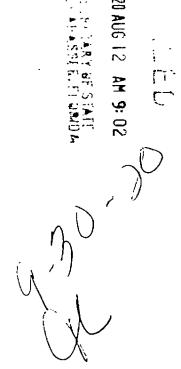
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COVER LETTER

TO:

	gistration Sec vision of Corp					
cub ieæt.		FRESH JANITORIAL SERVI	CES INC P 0			
SUBJECT:		Name of Limi	ited Liability Company	·		
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		ARTEMIS GARCIA				
			Name of Person			
			Firm/Company			
3206 S HOPKINS AVE 208 A				2021		
			Address		2020 AUG 12	
		TITUSVILLE FL 32780				
			City/State and Zip Code		AH 9: 02	
For further	information co	E-mail address: (to be used for future annual report not	fication)	1 02	
ARTEMIS	GARCIA		321 50502798 at ()			
	Name o	f Person	Area Code Daytin	ie Telephone Number	.	
Enclosed is	a check for th	ne following amount:				
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection			
Division of Corporations			Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314				The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

cCLEAN AND FRESH JANITORIAL SE	RVICES INC			
(Name of the Limited Liab (A Flor	ility Company as it now appears of ida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on $\frac{01/17}{2}$	7/2018	_ and assigned	
Florida document number L18000015565	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company her	<u>:</u> :		
CLEAN AND FRESH JANITORIAL SERVICES LLC				
The new name must be distinguishable and contain the words "L	imited Liability Company," the des	ignation "LLC" or the abbrev	riation "L.L.C."	
Enter new principal offices address, if applicable:	SAME		2020	
Principal office address MUST BE A STREET ADI	ORESS)		A _ · ·	
			<u>. </u>	
		is the	2	
Enter new mailing address, if applicable:	SAME	デ ロ - 1 - 1	3 [
Mailing address MAY BE A POST OFFICE BOX)		2	9: (~	
)2	
3. If amending the registered agent and/or register agent and/or the new registered office address here		ords, <u>enter the name o</u>	f the new regist	
Name of New Registered Agent: SAT	ме			
New Registered Office Address:	Enter Floria	a street address	······································	
	City	, Florida	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 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>	Address	Type of Action
MGR	GILBERT L GARCIA	1630 S CARPENTER RD	= Add
		TITUSVILLE FL 32796	□Remove
			□Change
			□Add
			□Remove
			Change Change
			Remove
			□Add
			□Remove
			□Change
			□Add
		<u>. </u>	□Remove
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			□Change

				
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ective date, if other than th		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(optional)	(05.03)
te: If the date inserted in this	ust be specific and cannot be prior to block does not meet the applica			
ument's effective date on the	Department of State's records.			
cord specifies a delayed effect s filed.	ive date, but not an effective tin	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th	day after the
ed	/ . 2020	_·		
	an			

Typed or printed name of signee