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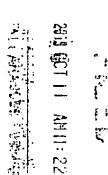
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Certified Copies	_ Certificates	of Status
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Office Use Only



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## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
Professi	onal Cleaning Services of Florida	a, LLC	
30b36C1.	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	The state of the s
	Jose A. Lopez		<b>\\$</b> .
		Name of Person	
	Professional Cleaning Ser	vices of Florida, LLC	
	<del></del>	Firm/Company	1
	30 Remington Rd Suite 2		1
		Address	
	Oakland, Fl 34787		
	<del> </del>	City/State and Zip Code	
	E-mail address:	(to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please of	call:	
Jose A Lopez		407 7566499 at ( )	
Nam	te of Person		: Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)
Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	TO	. باشت
ARTI	CLES OF ORGANIZATION	
•	OF	- K. C.
	<u> </u>	
	•	State of the Control
(Name of the Limite	d Liability Company as it now appears on our records.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>\</u>	d Liability Company as it now appears on our records. A Florida Limited Liability Company)	
	01/17/2019	C. C.
The Articles of Organization for this Limited Lia	bility Company were filed on 01/17/2018	and assigned
Florida document number L18000016997		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability someony because	
A. If athending name, enter the new name of	the timited habiity company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	hla.	
		<del></del>
<u>Principal office address MUST BE A STREET</u>	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	
		<del></del>
B. If amending the registered agent and/o	r registered office address on our records.	enter the name of the nev
egistered agent and/or the new registered offi		***************************************
Name of New Registered Agent:		
New Registered Office Address:		
res registered Office Address.	Enter Florida street address	
	, Flor	
	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>	Address	Type of Action
AMBR	Marisela Aguilar	9676 AMBER CHESTNUT	🖥 Add
		WINTER GARDEN FY 34787	Remove
		UNITED STATES	Change
			□ Change
			Remove
		<del></del>	Change
			Add
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			Remove
			Change
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			_□ Remove
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessar	
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E. Effec	tive date, if other than the date of filing: (optional)	<b>)</b>
(Ifan e	frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date	;.) Pursuant to 605.0207 (3)(
	ment's effective date on the Department of State's records.	, will not be listed as the
		· ·
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of:
b) Th	e 90th day after the record is filed.	•
_	, 09/09/19	
Date	·	
	Luis F Oliver	
	Luing F. Alvave Signature of a member or authorized representative of a member	<u> </u>
	Lireny F Alvarez	1
	LICHY I ATVAICA	•

Page 3 of 3

Filing Fee: \$25.00