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COVER LETTER

TO:	Registration Sec Division of Corp			
eun iez		S CLEANING LLC		
SUBJEC	ψ1; <u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		MARLING J AULAR		
			Name of Person	
		MARLING'S CLEANING	LLC	
			Firm/Company	
		4805 6TH ST W		
		-	Address	<u> </u>
		LEHIGH ACRES FL 3397	71	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information co	neerning this matter, please co	all:	
MARLI	NG J AULAR		239 895-8338	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for the	e 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)

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

MARLING'S CLEANING LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited)	uiy as it now appeary Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company were filed on 01/19/2018 Florida document number L18000017703					ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	esignation "LLC" or the a	abbreviation "L.L.C	
Enter new principal offices address, if applicable:		4805 6TH ST W			D
(Principal office address MUST BE A STREE		LEHIGH ACRE	S FL 33971	18 AU	VISIO
Enter new mailing address, if applicable:	4805 6TH ST W	S FL 33971	G 16 AM 8	FILLU H DF CORPOR	
(Mailing address MAY BE A POST OFFICE				- <u>155</u> - <u>155</u>	
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter	the name of	the nev
Name of New Registered Agent:	MARLING J AULAR				
New Registered Office Address:	4805 6TH ST V				
		Enter Flori	da street address		
	LEHIGH ACRI	ES	, Florida ³³	3971	
		$Ci\psi$		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARLING A DELGADO	7630 OMNI LANE	□ Add
		APT 103	■ Remove
		FORT MYERS FL 33905	☐ Change
MGR	MARLING J AULAR	4805 6TH ST W	
		LEHIGH ACRES FL 33971	□ Remove
			☐ Change
			Remove
			□ Change
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		06/01/2018				
. Effecti	ve date, if other than the date of fi- ctive date is listed, the date must be specific	ling:	date of filing or more th	(optional) m 90 days after filing.) P	ursuant to t	505.0
Note:	If the date inserted in this block does no	ot meet the applicab	le statutory filing requ	irements, this date wi	ll not be l	isted
docum	ent's effective date on the Department of	of State's records.				
roc	ord specifies a delayed effectiv	a data but not	an effective time	at 12:01 a.m. or	the ear	dia
	90th day after the record is file		an enecave ume,	GC 12.01 G.III. UI	i uie cai	11151
D٤.	9.01	2018	<u>.</u> •			
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	Signature	f a member or authori	zed representative of a r	nember		

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Filing Fee: \$25.00