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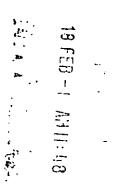
(Re	questor's Name)	<u>.</u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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#### **COVER LETTER**

Division of Cor	porations		
DPDC, L	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SHERYL BERNHARD		
		Name of Person	
		Firm/Company	
	16310 PEAR STREET S	E	
		Address	
	BLOUNTSTOWN, FLOR	RIDA 32424	
		City/State and Zip Code	<del></del>
	SNB0689@GMAIL.COM		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
SHERYL BERNHARD	)	850 451-6597 at ()	
Name o	f Person	Area Code Daytime	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)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

DPDC, LLC			
(Name of the Limited Liability (A Florida I	Company as it n Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited Liability Co	mpany were file	ed on JANUARY 24, 201	8 and assigned
Florida document numberL18000019135			
This amendment is submitted to amend the following:			· · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the limit	ed liability con	npany here:	1 - FT
CKC CLEANING LLC			, O.
The new name must be distinguishable and contain the words "Limit	ed Liability Compa	any," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SHER	YL N. BERNHARD	<u> </u>
(Principal office address MUST BE A STREET ADDRI	ESS) 16310	PEAR STREET SE	* , , , , , , , , , , , , , , , , , , ,
	BLOU	JNTSTOWN, FL 32424	Ľ.
Enter new mailing address, if applicable:	SHER	YL N. BERNARD	
		PEAR STREET SE	
	ew mailing address, it applicable:  g address MAY BE A POST OFFICE BOX)  BLOUNTSTOWN, FL 32424		
registered agent and/or the new registered office addre	ess here:	_	nter the name of the nev
Name of New Registered Agent: SHERY	SHERYL N. BERNHARD		
New Registered Office Address: 16310 F	PEAR STREET S		
	Enter Florida street address		
BLOUN			
	City		Zip Code
New Pegistered Agent's Signature if changing Pegistered	then tis submitted to amend the following:    Start   California   Cal		

#### 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>	Name	Address	Type of Action
MGR	SHERYL N. BERNHARD	16310 PEAR STREET SE	
		BLOUNTSTOWN, FL 32424	Remove
			■ Change
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(If an effective da	e, if other than the date is listed, the date must be	e specific and cannot be	prior to date of filing			
	ate inserted in this block fective date on the Depa			filing requirements,	this date will not	be listed as
	pecifies a delayed e day after the record		t not an effecti	ve time, at 12:0	1 a.m. on the	earlier o
DatedJANI	UARY 29	2018	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00