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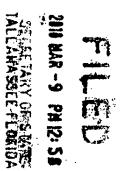
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fresh & Clean Professional Cleaning Service LIC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paula I Bustamante Name of Person
Fresh & Clean Professional Cleaning Service LLC
2805 Strontage Rd Address
Plant City F1 33566 City/State and Zip Code
Portesh Clean Q amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paula F Bustana, te at (813) 720-4957 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \$\ \text{Certified Copy} \\ \text{(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

Fresh & Clean Professional C (Name of the Limited Liability Compa- (A Florida Limited I.)	leaning Service LLC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $09/09/30/8$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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:	933 de 1
Mailing address MAY BE A POST OFFICE BOX)	
	ê N
	ō# 4
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

	Authorized Person(s) authorized to man from our records:	nage, enter the title, name, and address of each	ne title, name, and address of each person being added	
MGR = Ma AMBR = Au	anager Ithorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MBR	Paula I Bustamente	2 2805 Strontage Rd Plant City F1 33566	E Add	
			☐ Remove	
			☐ Change	
AMBR	Jesus M. Bustamante	2805 S Frontage Rd Plante	17 Xdd	
			□ Remove	
			Change	
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(If an effective date in Note: If the date	f other than the d s listed, the date must inserted in this blootive date on the Dep	be specific and car ck does not mee	nnot be prior to da t the applicable	te of filing or more		iling.) Pursua	
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the record spec) The 90th da	y after the reco 55/2018 Paula F	ord is filed. , _		$\overline{\Sigma}$	## 4	m. on the	22
the record spec The 90th dar Dated <u>03/0</u>	y after the reco 512018 Paula J	Signature of a men	2 r 10 T Conber or authorized	2 I representative of a	## 4	m. on the	

Page 3 of 3

Filing Fee: \$25.00