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Office Use Only



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DIVISION OF CORPORATIONS

OF CORPORATION

M. MILLIGAN APR 26 2018

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: DESIGN to Clean Services LLC 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: |
| Tamara Whitfield Name of Person |
| Design to Clean Services LLC Firm/Company |
| 825 Citrus Street |
| Wland FT- 32805 City/State and Zip Code |
| Email address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Tamora Whitfield at (407) 802-9504 Name of Person at (407) Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\times \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \$\text{Certified Copy (additional copy is enclosed)} \$Certified Copy (additional copy |
| |

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

The Articles of Organization for this Limited Liability Company were filed on and assigne Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cire

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

| lf amending or removed | g Authorized Person(s) authorized to ma from our records: | anage, enter the title, name, and address of | feach person being added | |
|--|--|--|-----------------------------------|--|
| MGR = Manager AMBR = Authorized Member | | | | |
| <u>Title</u> | Name Y | Address | Type of Action | |
| MGR | Tamora Whitfield | 5300 Pointe Vista (Orlando FT. 32829 | ircepadd | |
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| 27 21 3111 | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | tive date, if other than the date of filing: 4/12/2018 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated |) white |
| | Towara White Id Typed or printed name of signee |
| | Page 3 of 3 Filing Fee: \$25.00 |