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N CULLIGAN MAR 1 5 2018

COVER LETTÉR

TO:	Registration Section
	Division of Corporations

SUBJECT: Tac Cleaning 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:

Name of Person
Firm/Company
10401 SADJER Rd.
HIT DONA, FL 327577 City/State and Zip Code
TASKA 1982 TNBO 9 M21 L. CCM. E-mail address: (to be used for future abdust report notification)

For further information concerning this matter, please call:

TASKA N BlevinS at 404 501-0691

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 Pec, 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

18 MAR 15 AH 8: 07

A. If amending name, enter the new name of the limited Hability company here: Total Percent Cleaning LLC. 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 malling address, if applicable:
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Hability company here: To tally Reference Cleaning LLC. 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 malling 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:
The new name must be distinguishable and contain the words "Limited Liability 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 malling 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 nam: of the new
(Principal office address MUST BE A STREET ADDRESS) Enter new malling 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 nam: of the new
B. If amending the registered agent and/or registered office address on our records, enter the name of the new
B. If amending the registered agent and/or registered office address on our records, enter the nam: of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
Now Registered Office Address: Enter Florida street address
, Florida
Clty 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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being	added
f amending Authorized Person(s) authorized to manage, extended to manage,	
r removed from our records.	

MGR = M AMBR = A	uthorized Member		Type of Action
<u>Title</u>	<u>Name</u>	Address	1100 011150
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D. If amending any other information, enter change(s) here: (Attac.	ch additional sheets, if necessary.)
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	07
E. Effective date, if other than the date of filing: (If m effective date is listed, the date must be specific and cannot be prior to date or Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) utory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an ef (b) The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated 3/14/2018.	
Signature of a member or authorized rep	resentative of a member
Tasha Blevins Typed or printed name of	of signer

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Filing Fee: \$25.00