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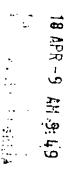
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COVER LETTER

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TO: Registration Division of C			" A A - (!
SUBJECT:	Corporations EL Dorado Trin and Clean Services, P.C. Name of Limited Liability Company of Amendment and feets) are submitted for filing. spondence concerning this matter to the following: Yuliana Botivar Name of Person Firm/Company 1413 C. Vine St. Klssimmee Address Kissimmee, Fl 34744 City/State and Zip Code Y bolivar p1 @ gmail.com E-mail address: (to be used for futury annual report notification) n concerning this matter, please call: 27 a Bolivar at (407) 30460286 Area Code Total in Telephone Number or the following amount: ES30.00 Filing Fee & ES55.00 Filing Fee & ES60.00 Filing Fee.		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
·	Yuli	ana Bolivar	
		Firm/Company	
	1413 C. U	· · · · · · · · · · · · · · · · · · ·	mee
	Kissir		44
	Y 6 01 i va t-mail address: (r \$1 @ 9mail. Co	V)·7
For further information			
Julia Name	na Baliver of Person	at (407) 3446. Area Code Daytime	286 Telephone Number
Enclosed is a check for	the following amount:		
X \$25.00 Fiting Fee	ES30.00 Filing Fee & Certificate of Status	ES55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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 = N $AMBR = A$	lanager .uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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If an effecti Note: If t	date, if other than the date of filing:	ursuant to 🍕	5:0207 (1 sed as th
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 0th day after the record is filed.	ı the earl	ier of:
Dated	04/06/2018 2018		
Dated	- Jose March Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00