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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MA1L |
| (Bu: | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer; | |
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Office Use Only

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DIVISION DE COMPANION 2

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COVER LETTER

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

| - Mishalay's C | leaning 5 | services U.C. | | | | | |
|---|--|--|--|--|--|--|--|
| (Name of the Limite) Liability Co | ited Liability Company) | rs on our records.) | | | | | |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>LISOOO74141</u> . | oany were filed on | 3/22/2018 and a | ssigned | | | | |
| This amendment is submitted to amend the following: | | | | | | | |
| A. If amending name, enter the new name of the limited | liability company h | ere: | | | | | |
| The new name must be distinguishable and contain the words "Limited I | Liability Company," the | designation "LLC" or the abbreviation | TL.C. | | | | |
| Enter new principal offices address, if applicable: | | | 89 | | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u></u> | | | | | | |
| | | | <u> </u> | | | | |
| | | = | 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. | | | | |
| Enter new mailing address, if applicable: | | | <u> </u> | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | | | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: | | n our records, <u>enter the nam</u> | e of the new | | | | |
| | | | | | | | |
| New Registered Office Address: | Enter Florida street address | | | | | | |
| | | , Florida | | | | | |
| | City | Zip Cod | | | | | |
| New Registered Agent's Signature, if changing Registered Ag | <u>tent:</u> | | | | | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | olete performance of as provided for in (| f my duties, and I am familiar w Chapter 605, F.S. Or, if this do | with and cument is | | | | |

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:

| | inager ithorized Member | | |
|--------------|----------------------------|----------------------------|--------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Rosalyn Torrens | 4730 Burgundy RD N | Add |
| | · · | Jackson ville, Florida 322 | |
| | | | Change |
| AMBR | Rosa S Garcia | 4730 Burgundy Rd N | 🗆 Add |
| | | Jacksonville, Florida 322 | <u>IO</u> □ Remove |
| | | | Change |
| MBR | Michael J Ramirez | 4730 Burgundy Rd N | Add |
| | | Jacksonville, Florida 3221 | |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
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| ective | date, if other | than the date | of filing: | | | _ | (opt | tional) | | |
| | ive date is listed, the date inserted | he date must be sp | ecific and canno | n be prior to date ne applicable s | of filing or n atutory filin | ore than 9 g require |) days aft nents, th | er filing.) Pe iis date wi | ursuant to 6 II not be li | 05.020 sted a: |
| renecti te: If: | t's effective date | on the Departn | nent of State's | records. | | | | | | |
| <u>te:</u> [f: | | | | | | | | | the ear | lier c |
| <u>le:</u> [f: :ument | rd specifies a | delayed effe | ective date, | but not an | effective (| time, at | 12:01 | a.m. on | circ car | |
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| te: If recorting the 90 | Oth day after | the record is | s filed. | 018 | representative | e of a mem | | a.m. on | | |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00