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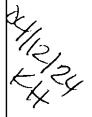
| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
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| (Do | cument Number) | • |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECH ENLASSEE, FL

COVER LETTER

| TO: | Registration Sec Division of Corp | | | • |
|-----------|--------------------------------------|---|--|---|
| C1110 110 | -CT-1 | 'S CLEANING TENANT SEE | RVICE LLC | • |
| SUBJE | CT: | Name of Lim | ited Liability Company | |
| The end | closed Articles of / | Amendment and fee(s) are sub | mitted for filing. | |
| Please i | return all correspoi | ndence concerning this matter | to the following: | |
| | | MIRIAM ROJA | | |
| | | | Name of Person | ···- |
| | | | Firm/Company | |
| | | | | |
| | | | | |
| | | | | |
| For fur | ther information ec | E-mail address: (oncerning this matter, please co | to be used for future annual report notif all: | ication) |
| MIRIA | M ROJAS | | 850 812-2666 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclose | ed is a check for th | c following amount: | | |
| ■ \$2: | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | ·· | Stroot Address | 202 SE 1 |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 81070
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | BRAYANT'S CLEANING TENA | | | | |
|---|--|--|--|---|--|
| | (Name of the Lim | ited Liability Comps (A Florida Limited | iny as it now appears of Liability Company) | n our records.) | |
| The Artic | cles of Organization for this Limited I | iability Company | were filed on <u>04/16/</u> | 2018 and assigned | |
| | ocument number L18000095288 | ···································· | | | |
| | endment is submitted to amend the fol | lowing: | | | |
| A. If am | nending name, enter the new name o | of the limited liab | oility company here: | : | |
| BRILLIA | NT HOUSES CLEANING LLC | | | | |
| The new no | ame must be distinguishable and contain the | words "Limited Liabi | lity Company," the desig | gnation "LLC" or the abbreviation "L.1C." | |
| Enter ne | ew principal offices address, if appli | cable: | 52 MALLARD AVE NE. | | |
| (Principal office address MUST BE A STREET ADDRESS) | | ET ADDRESS) | FORT WALTON BEACH, FL 32548 | | |
| Enter ne | ew mailing address, if applicable: | | 52 MALLARD AV | 'E NE. | |
| | address MAY BE A POST OFFICE | S ROX) | FORT WALTON BEACH, FL 32548 | | |
| | ending the registered agent and/or d/or the new registered office addre | | address on our reco | ords, enter the name of the new regist | |
| | Name of New Registered Agent: | BRAYANT A ATAMAYO | | | |
| I | New Registered Office Address: | FORT WALTO | ON BEACH, FL 32548 | 3 | |
| | | Enter Florida street address | | | |
| | | FORT WALTO | ON BEACH | , Florida 32548 | |
| | | | Ciņ | 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 degument 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

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------|----------------------------------|--------------------------------|
| AMBR | MIRIAM ROJAS | 52 MALLARD AVE NE, FWB, FL 32548 | ■Add |
| | | | □Remove |
| | | | Change |
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| ffective date, if other than an effective date is listed, the da lote: If the date inserted in to ocument's effective date on | te must be specific his block does r | c and cannot be pr not meet the app | ior to date of filing licable statutory | or more than 90 days a | after filing.) Pursi | | |
| record specifies a delayed ef Lis filed. | fective date, but | not an effective | e time, at 12:01 a | i.m. on the earlier of | f: (b) The 90th | 2∰U APR −3 | r the |
| ated March 01 | | , 2024 | · | | AHASSEE | ⊼-3 P | 2 |
| | | Miriam R | Poias | ative of a member | EF. | PH 2: | C |
| | | | | | | - ** | - |
| | Signature o | of a member or at | inorized represent | ative of a member | ĘĄ. | 2 | |

Filing Fee: \$25.00