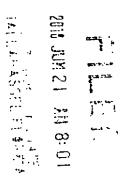
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Office Use Only



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J. HARRIS

COVER LETTER

	gistration Se vision of Cor					
SER IFOT:	JBC Carpet Cleaning, LLC					
SUBJECT.		Name of Limited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
		indence concerning this matter				
		Brian Higgins C/O				
			Name of Person			
		Curran K. Porto, PA				
			Firm Company			
	410 S. Ware Blvd., Suite 105					
			Address			
		Tampa, FL 33619				
			City/State and Zip Code			
		curran@southernelderalaw				
For further	information c	oncerning this matter, please c	to be used for future annual report no all:	ottication)		
Curran K. I		oneering this matter, prease c				
Curran K. i			813 626-0088 at ()			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is	a check for th	he 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 Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)		
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	Orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JBC Carpeting Cleaning LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/09/2018}{1}$ and assigned Florida document number $\frac{L18000116630}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JBC Carpet 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 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

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

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>	Name	Address	Type of Action			
			□ Remove			
			□ Change			
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		Typed or printed name of signee	200	ļ -
	Brian Higgins		JUK 2	5 *****
	Signatur	e of a member or authorized representative of a member		6 ,
Dated			20: i A.E	
D	June 18	2018		
	cord specifies a delayed effect e 90th day after the record is	tive date, but not an effective time, at 12: filed.	01 a.m. on the earlier of	• •
				•
Note:	fective date is listed, the date must be spec If the date inserted in this block doe, nent's effective date on the Departme	s not meet the applicable statutory filing requirements	after filing.) Pursuant to 605.0207 s, this date will not be listed as	(3)(b the
E. Effect	ive date, if other than the date of	f filing:(ific and cannot be prior to date of filing or more than 90 days	optional)	
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Filing Fee: \$25.00