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SCOREDNEY OF STATE

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S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CEAN IT SERVICES Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
ANA PAULA SANTOS DE SOUZA Name of Person
CLEAN IT SERVICES UC Firm/Company
Firm/Company
4727 WALDEN CIRCLE, UNIT 152
ORLANDO - FLORIDA - 32811 City/State and Zip Code
A SOUZA 07 O HOTMAIL - COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANA PAULA SANTOS DE SOUZA at (332) 599 - 3864 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee 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

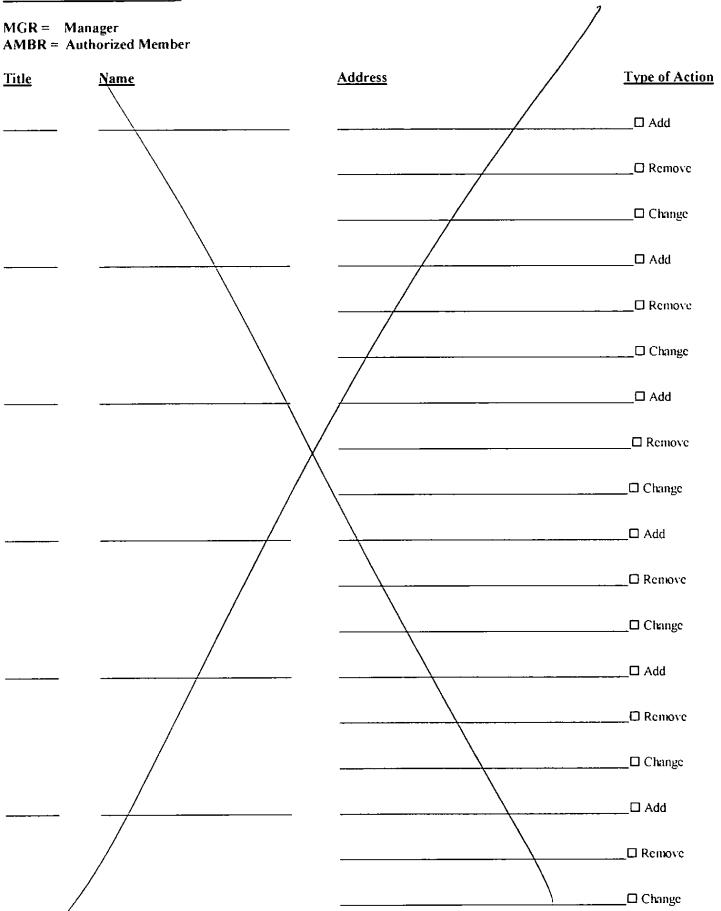
CLEAN IT SERVICES L	inv as it now appears on our records.)			
(A Florida Limited)	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>LISOOUSS397</u>	were filed on 06/04/2018 Fand assigned			
This amendment is submitted to amend the following:	TE O			
A. If amending name, enter the new name of the limited liab	Fri -			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	4727 WALDEN CIRCLE - UNIT 152			
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO - FLORIDA - 32811			
Enter new mailing address, if applicable:	4727 WALDEN CIRCLE - UNIT 152			
(Mailing address MAY BE A POST OFFICE BOX)	OFLANDO - FLORIDA - 32811			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her				
Name of New Registered Agent:	-×			
New Registered Office Address: 4717 WE	Algen Ciacle, 152 Enter Florida street address			
Oclan	City Florida 32811 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:



			/
		 	
Effective date, if other than the date of filing:		(on	otional)
If an effective date is listed, the date must be specific and cannot be		r more than 90 days at	ter filing.) Pursuant to 605.020
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's rec		ing requirements, i	ins date will not be fisted a
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he record specifies a delayed effective date, bu The 90th day after the record is filed.	ut not an effectiv	e time, at 12:01	
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