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TALL AHASSEE, FLORIDA

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COVER LETTER

	Registration So Division of Co			
SUBJEC		ANITORIAL & PAINTING, L	LC	
SUBJEC	1.	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		MARICELI SEGARRA		
			Name of Person	
		JPR ACCOUNTING, LLC		
			Firm/Company	
		2751 ENTERPRISE RD. S	SUITE 209B	
		ODANGE (UTV. 17. 227)	Address	<u>. </u>
		ORANGE CITY, FL 3276	j	
		SEGARRAW@ATT.NET	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For furthe	er information o	concerning this matter, please ca	all:	
MARICE	ELI SEGARRA		386 216-4936	
	Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$ 25.0	0 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 (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

UNIQUE JANITORIAL & PAINTING, LLC								
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)							
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000144233}{1.18000144233}$								
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liab	oility company here:							
	N. C. WHICH	4. 11. 22.						
The new name must be distinguishable and contain the words "Limited Liabi	my Company, the designation "LLC o	or the appreviation "L.F.C.						
Enter new principal offices address, if applicable:								
Principal office address MUST BE A STREET ADDRESS)		F R T						
		C 2						
		100 m						
Enter new mailing address, if applicable:								
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>						
		- (1)						
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>e</u> :	enter the name of th						
Name of New Registered Agent:	<u> </u>							
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·						
-	Enter Florida street address							
	Flori	ida						
	City	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:

MGR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	ERĮĆ N ALVAREZ	610 VIRGINIA DR	
		LAKE HELEN, FL 32744	B Add
			□ Remove
			☐ Change
1GR	GERARDO GONZALEZ TORRES	610 VIRGINIA DR	⊟ Add
-		LAKE HELEN, FL 32744	= Add
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Typed or printed name of signee

Filing Fee: \$25.00