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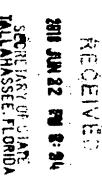
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Clean Queen Liz's Services LLC. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alicia E. Correa Name of Person Clean Queen Liz's Services, LLC. Firm/Company	
1303 Charlotte Cl. Panama City, F1. 32404	
City/Stale and Zip Code	
E-mail address: (to be used for Tuture admual report notification)	
For further information concerning this matter, please call:	
Alicia Elizabeth Correa at (850) 866 · 2151 Nume of Person at (850) Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
A MALLING ADDRESS. CEREET/COURIER ADDRESS.	

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 Gueen Liz	L'S Services LLC
(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000149520</u> .	were filed on $06/13/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable line of the limited liable line with the new name must be distinguishable and contain the words "Limited Liable lia	TVICES LLC lity Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	NIA
(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 of 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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	City The Constitution of
	* ***

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00