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COVER LETTER 1

TO:

TO:	Registration Se Division of Cor			
eno	IPCT.		KEEPING FIRM, LLC.	
SUBI	JECT:		ned Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
			BARTHELEMY, SIMON	
			Name of Person	
		THE	HOUSEKEEPING FIRM, LLC	C.
			Firm Company	
			500 NW 36 STREET #412	
			Address	· · · · · · · · · · · · · · · · · · ·
			M!AMI, FL 33127	
			City/State and Zip Code	<u></u>
			P!NGSCHEDULING@GMAI	
r e			. The used for future annual report	notification)
ror II		oncerning this matter, please ex		
	BARTHELE	EMY, SIMON	786 a: ()	290-0564
	Name o	f Person	at () Area Code De	ytime Telephone Number
Enclo	osed is a check for th	ne following amount:		
≘ S	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	23 \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COI Registration Se Division of Co Clifton Buildir	rporations

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 JUN 26 MILL 41

THE HOUSEKE	EPING FIRM, LLC.	•		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears (ted Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp.	any were filed on	06/18/2018	and assigned	
Florida document numberL18000149492				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company her	<u>2</u> :		
THE HOUSEKEEPING COMPAN	Y OF SOUTH FLORIC	DA, LLC.		
The new name must be distinguishable and contain the words "Limited L	iability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	795	7951 RIVIERA BLVD STE 301		
(Principal office address MUST BE A STREET ADDRESS	2	MIRAMAR, FL 33	023	
Enter new mailing 2ddress, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		, -		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the nev	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florid	a street address		
	City	, Florida	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			FILED 18 JUH 26 MIII: 41 To		
Title	<u>Name</u>	<u>Address</u>	JUH 26 MI 11: 41	Type of Action	
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edition seriective date on the Department of State's	records.			
record specifies a delayed effective date,	but not an effer	ative time, at 12:	01 a.m. on the	earlier of:
The 90th day after the record is filed.				
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Filing Fee: \$25.00