## 118000191679

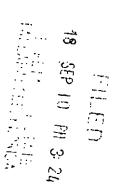
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## **COVER LETTER**

то:	Registration Se Division of Cor					
		SSS CLEANING SERVICES LLC				
SUBJ	ECT:	Name of Lim	ited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		ST CLAIR MOORE				
		SSS CLEANING SERVICE	Name of Person ES LLC			
		10121 WHISPER POINTE	Firm/Company EDRIVE			
		TAMPA, FL. 33647	Address			
		ecparon@capronandassocia	City/State and Zip Code tes.com			
		E-mail address: (	to be used for future annual report n	otification)		
For fu	ther information c	oncerning this matter, please ca	all			
Haine	e Capron		754 214-3651 at () Area Code Days			
	Name o	f Person	Area Code Dayt	me Telephone Number		
Enclos	sed is a check for th	ne following amount:				
<b>■</b> \$2	5.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	☐ \$60.00 Filing Fee, Certificate of Status & 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

SSS CLEANING SERVICES LLC			
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan Florida document number 1.18000191679	ility Company were filed on 08/10/2018		
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRESS)			
		10	
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
		2/	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he  Name of New Registered Agent:		enter the name of th	
New Registered Office Address:			
	Enter Florida street address		
	, Flori		
	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

4.

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	St Clair Moore	10121 WHISPER POINTE DR.	
			<b>=</b> Add
		Tampa, F1.33647	
			Remove
	St.Claire Moore	10121 WHISPER POINTE DR.	Change
MGR	Secialic Mosic	TOTAL WHISH EX POLICIES DR.	D 434
		Tampa, FL 33647	Add
		,	■ Remove
			- remove
			Change
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Tective date, if other than an effective date is listed, the date ote: If the date inserted in thi ocument's effective date on the	must be specific ar is block does not	nd cannot be prior to meet the applica		re than 90 days afte		
record specifies a dela The 90th day after the			an effective ti	me, at 12:01	a.m. on the ead	rlier o
aned August 12		. 2018	_ ·			
, , ,	•					
_ Elaine	Signature of a	member or autho	rized representative of	of a member	<del> ·· ·</del>	

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Filing Fee: \$25.00