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COVER LETTER

TO: Registration Division of C				
	AR CLEAN SOLUTIONS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	MIGUEL CASANOVA			
		Name of Person		
	NARMAR BUSINESS SO	DLUTIONS LLC		
		Firm/Company		
	1000 BRICKELL AVEST	TE 715	11.3	
		Address		
	MIAMI, FLORIDA. 3313	1		
		City/State and Zip Code		;
	mcasanova@narmargroup.c		AH OF:) J
	E-mail address: (to be used for future annual report notification)	AM 9: 5	•
For further informatio	n concerning this matter, please c	all:	L E 2	
MIGUEL CASANOV	'A	305 206-4080		
Nam	e of Person	at () Area Code Daytime Teleph	one Number	
Enclosed is a check fo	r the following amount:			
□ \$25.00 Filing Fee	-	□ \$55.00 Filing.Fee & ■ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Add		Street Address:		
Registratio Division of	Corporations	Registration Section Division of Corporation	ons	
P.O. Box 6	•	The Centre of Tallaha		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NARMAR CLEAN SOLUTIONS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record Liability Company)	nls.)
The Articles of Organization for this Limited Liability Compar Florida document number 1.18000197114	ny were filed on 08/17/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
NARMAR BUSINESS SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		99. 111.
(Principal office address MUST BE A STREET ADDRESS)		,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MY OF STATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>ente</u>	er the name of the new registere
Now Portared Office Address		
New Registered Office Address:	Enter Florida street addr	KERR
	. F	lorida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR-S	MIGUEL CASANOVA	1000 BRCKELL AVE STE 715	🗆 🗖 Add
		MIAMI, FLORIDA. 33131	□Remove
			E Change
MGR	YARO SOLORZANO	1000 BRCKELL AVE STE 715	[]Add
		MIAMI, FLORIDA. 33131	□Remove
			🖹 Change
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services address unique challenges, o	optimize operations, an	d ensure exceptiona	l quality, providin	ıg	
clients with peace of mind and a con	npetitive edge.	-			
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Filing Fee: \$25.00