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S. YOUNG

COVER LETTER

Division of Corporations			
SUBJECT: AAA CLEANING SOLNTIONS, LLC Name of Limited Liability Company			
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:			
AMY B. FRAN SSEN Name of Person			
AAA (LEANING SOL UTIONS, LLC Firm/Company			
308 TERRELL LN, APTIOI			
BRANDON, FL 33511 City/State and Zip Code			
FINILLETT CPA @ GMAIL, COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
AMY B. FRANSSEN at (352) 214-8376 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Solution Signature Solution Status Solution Status Solution Solution Status Solution			

MAILING ADDRESS:

Registration Section

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

BAA CLEANIN	6) 0 Lut 1 0 M J 1 L L L	
(<u>Name of the Limite</u> (d Liability Company as it now appears on our record A Florida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Lia Florida document number 18 000 2	ability Company were filed on $\frac{9/6/3}{}$	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC	or the abbreviation
Enter new principal offices address, if applica		· ·
(Principal office address MUST BE A STREET	T ADDRESS)	
-		· · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E		a cutor the nor
B. If amending the registered agent and/or registered agent and/or the new registered off		s, <u>enter the nan</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	SS
	. FI	lorida
	City	Zip Co

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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this cobeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited lice company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each persor or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	<u>Ty</u>
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	 		J.2.,		<u>-</u>
E. Effective date, if other (If an effective date is listed, Note: If the date inserte document's effective date	than the date of filing the date must be specific and d in this block does not n e on the Department of S	l cannot be prior to oneet the applicable	8 / 201 late of filing or more e statutory filing	e than 90 days after f	iling.) Pursuant to 6
If the record specifies a (b) The 90th day afte	a delayed effective or the record is filed.	late, but not a	in effective tir	ne, at 12:01 a.	m. on the ea
Dated <u>Septen</u>	shen 1	2019			
	Harl Signature of a	多。 member or authoriz	ed representative o	f a member	
	Ann	1 FRAN	ISSEN		
	<u></u>	Typed or printed t	name of signee	 -	

D. If amending any other information, enter change(s) here. (Midea declared)

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Filing Fee: \$25.00