118000221407

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(,,,,,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:	Registration Se Division of Cor				
SUB	IECT:	Oream Clean of Flor Name of Limi	ida ited Liability Company		
The c	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Pleas	e return all correspo	ndence concerning this matter	to the following:		
		John Chatham	M. CD		
			Name of Person		
		Dream Clean o			
			Firm/Company		
		10882 Stantor	n Hills Dr E		
			Address		·····
		Jacksonville, F	FI 32222		
			City/State and Zip Code		
		Johnsr@drea	mgroupusa.coi o be used for future annual	m	
For fu	irther information co	oncerning this matter, please ca		report nouncation)	
	lohn Chathai	m	at (904)	654-8044 Daytime Telepho	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclo	sed is a check for th	e following amount:			
⊠ \$	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is en-		\$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

Dream Clean of Florida LLC

(Name of the Limited Lightlity Company us it now appears on our moords)
(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 9/18/18 JUL 11 P Card assigned Florida document number L18000221407 S. C.B. LARY OF CLASSIFIED A
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(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 office address on our records, enter the name of the negistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
City Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:

Free 3 in gran,

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 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 10882 Stanton Hills Dr E	Type of Action
AMBR	Dream Group USA Corp	Jacksonville, Fl 32222	⊠ Add
			Remove
			☐ Change
			Add
		 	Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			
			Remove
			Change
			Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated July 9 2019
Signature of a member or authorized representative of a member
John Chatham Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00