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COVER LETTER .

TO: Registration Se Division of Cor			
YOUD CL	EANING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-		
	MARIE YOLA CHARLE	-	
	YOUD CLEANING LLC	Name of Person	
	PO BOX 2886	Firm/Company	
	ORLANDO, FL 32802	Address	
	MARIEYOCHARLES@GF		OCT 15 PH 5: 36 LANASSEE, FLORIDA
For further information c	E-mail address: ()	to be used for future annual report notiful:	ication) F. F. S. J. A. T. S.
MARIE YOLA CHARL	ES (Person	321 872-5061 at ()	Telephone Number
Name o	n r eison	Area Code 17ayume	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
ман.	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUD CLEANING LLC		
(<u>Name of the Limited Lint</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.18000230414		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "E	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADd	DRESS)	
		مد برام
		Pro C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SSE 15 H
		F. 20
		[0] vi
B. If amending the registered agent and/or reg	gistered office address on our records, g	enter the n
registered agent and/or the new registered office at	ddress here:	. 1
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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	SMITH CHARLES	2624 SILKWOOD CIR APT 622 ORLANDO, FL 32818	
			■ Remove
			☐ Change
MGR	MARIE YOLA CHARLES	2624 SILKWOOD CIR APT 622 ORLANDO, FL 32818	■ Add
			☐ Remove
			□ Change
			Change
			FLORE Ade 36
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			□ Change

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cument's effective date or					
record specifies a de	elaved effectiv	e date but not	an effective tir	ne at 12·01 a	m on the earlier
The 90th day after th			. an enecuve th	ne, at 12.01 a	i.m. on the earner
OCTOBER 5TH		2018			
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Q	1	Class 1	05		
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	Signature o	of a member or author	rized representative o	l'a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00