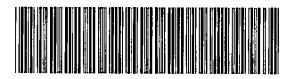
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(Re	equestor's Name)	· ·
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO;	Registration Solution of Con			.
CHINEE		SURE CLEANING, LLC		19
SUBJE	CI:	Name of Lin	nited Liability Company	19.00
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		FRANK R. SARIOL		
			Name of Person	
		THE SARIOL GROUP. L	LC	
			Firm/Company	
	8200 NW 41ST STREET, SUITE 315			
			Address	
		DORAL, FLORIDA 3316	6	
		FSARIOL@ME.COM	City/State and Zip Code	
F 6 1			to be used for future annual report notific	eation)
For furth	er information c	oncerning this matter, please c	all:	
OSCAR	G. BETANCOL	JRT	7866 626-8649 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
S25.0	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)

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**

ARTICLES	OF AMENDMENT	
	то	and assigned
ARTICLES O	F ORGANIZATION	6
	OF	Q 4000
BA PRESSURE CLEANING, LLC		
(Name of the Limited Liability Co	ompany as it now appears on our records.) nited Liability Company)	—————————————————————————————————————
(A Flotida Lim	mied Liabinty Company)	المُنْ اللَّهِ اللَّه
The Articles of Organization for this Limited Liability Comp	nany were filed on OCTOBER 25, 2018	and assigned
Florida document number L180000251424		
florida document number		
This amendment is submitted to amend the following:		
_		
A. If amending name, enter the new name of the limited	<u>liability company here</u> :	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
•		
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	ed office address on our records, ent	er the name of the new
egistered agent and/or the new registered office address		
Name of New Registered Agent:		
name of new Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	gos - 3	
	, Florida,	Zip Code
	ciń	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	MARCELO A. CICUTA	8200 NW 41ST STREET	
		SUITE 315	■ Remove
		DORAL, FL 33166	Change
			Add
			Remove
			☐ Change
			
			Remove
			□ Change
			Add
		 	Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			□ Change

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ffecti	ive date, if other than the dat ective date is listed, the date must be	e of filing:		(optional)	/ 0.7 0 00 5
an en iote:	If the date inserted in this block	specific and cannot be pro- does not meet the appli	or to date of filing or more leable statutory filing re	than 90 days after filing.) Pursua quirements, this date will no	int to 605.0207 it he listed as
ocum	ent's effective date on the Depar	tment of State's record	s.	quirements, this date with no	t be fisied as
e rec	cord specifies a delayed ef	fective date, but n	ot an effective tim	e. at 12:01 a.m. on the	e earlier of
The	90th day after the record	is filed.		-,	
ated	DECEMBER 6	2019			
		', <i>-//-</i> -	 ·		
		M			
	······	ature of a member or aut	horized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00