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COVER LETTER

Division of C	Corporations		
Vero's C SUBJECT:	leaning Crew LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Claudia Jaramillo		
		Name of Person	
	Vero's Cleaning Crew LL€		
		Firm/Company	
	8650 22nd Street		
		Address	
	Vero Beach, FL 32966		
		City/State and Zip Code	
	veroscleaningerew@gmail.e		
	E-mail address: ()	to be used for future annual report noti	fication)
For further information	reconcerning this matter, please ca	all:	
Claudia Jaramillo		772 5592364	
Name	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	r the 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)

MAILING ADDRESS:

1- 1- ----

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

Vero's Cleaning Crew LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on November 28, 2018	and assigned
Plorida document number L18000274811	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:		019 001
Principal office address MUST BE A STREET ADDR	RESS)	2
Enter new mailing address, if applicable:		9 .
Mailing address MAY BE A POST OFFICE BOX)		. Q
3. If amending the registered agent and/or registered agent and/or the new registered office addi		the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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
AMBR	Jessiea Jaramillo	8650 22nd Street, Vero Beach FL32966	
			Remove
	Alberto A. Jaramillo	8650 22ns Street, Vero Beach FL	Change
AMBR		32966	Add
			■ Remove
			Change
		 	Add
			□ Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

Effective date, if other than the date of filing: (fran effective date, if such the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as idocument's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of). The 90th day after the record is filed. Dated September 25. 2019 Wannibus Januards Signature of a member or authorized representative of a member. Claudia Laramillo.	• •				
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Filing Fee: \$25.00