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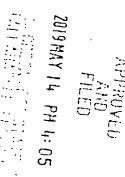
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## **COVER LETTER**

	Registration S Division of Co			•		
SUBJEC		aning Group LLC				
зоват.с		Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Angela Daniels				
			Name of Person			
		Splash Cleaning Group LI	.C			
			Firm/Company			
		204 Beach Dr				
			Address		20	
		Destin, FL 32541			2019 KA	*t>
City/State and Zip Code splasheleaninggroup@yahoo.com					# <del>1</del>	
		E-mail address: (	to be used for future annual report noti	fication)	PH	OBO OBVEU
For furthe	r information o	concerning this matter, please c	all:		- 18 <b>5</b>	Œ
Angela D	aniels		850 687-4531		05	
	Name (	of Person	Area Code Daytim	e Telephone Number		
Enclosed	is a check for t	the following amount:				
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & Dy	

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

Splash Cleaning Group LLC				
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on ou imited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Conflorida document number L18000274965	inpany were filed on $\frac{11/27/201}{}$ .	8	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designati	on "LLC" or the abb	reviation "L.I	C."
Enter new principal offices address, if applicable:				<del></del>
Principal office address MUST BE A STREET ADDRE	<u> </u>		·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2019 HAY	14 14 14 14
B. If amending the registered agent and/or register		records, enter t	he name	of the fac
			; G	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stre	et address		
		, Florida		
	City	, 1 10/100	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
AMBR	Angela Daniels	204 Beach Dr. Destin, FL 32541	□ Add
			☐ Remove
AMBR	Anthony Daniels	204 Beach Dr Destin, FL 32541	Add
			□ Remove
			☐ Change
	<del></del>		Add
			Remove
	<del></del>		P Add Remove
			Change
			Add
			Remove
			Change
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Effective date, if oth fan effective date is listed Note: If the date inser document's effective d	ted in this block does	not meet the applic	able statutory filing	(option ore than 90 days after fi requirements, this o	<b>ial)</b> ling.) Pursua late will no	ant to 60 of be lis	)5.0207 (3 sted as th
ne record specifies The 90th day aft			et an effective ti	me, at 12:01 a.	m. on th	e earl	lier of:
Dated May 07		2019	·				
	$=$ $\frac{1}{\sqrt{1-x^2}}$		١ /				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00