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Certified Copies Certificates of Status						
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Special Instructions to	Filing Officer:					

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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: CIE	aner than	Before 24-+	taur ser	vice il
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		E CHE
Please return all correspo	ondence concerning this matter to	the following:		17 21 18 21
	Charker	Name of Person	int_	PK 12: 20
	Cleaner+	han Betwe	94-Hour	Servicel
	415 magni	Olia Avenue	AptA	
	seffner,	City/State and Zip Code	<u> </u>	
	Charkemma E-mail address: (to	- Hanaata ya be used for future annual report botific	in <u>Dd</u> . Carrication)	
For further information of	oncerning this matter, please cal	1:		
Mar Kerny Name o	na Hinnant	at (813) S16	-3051 Telephone Number	_
Enclosed is a check for t	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 For Certificate of Societified Copy (additional copy is	Status &

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

(Name of the Limited Liability Compan (A Florida Limited Li	24- Hour Service y as it now appears on our records.) ability Company)	LLC
The Articles of Organization for this Limited Liability Company v Florida document number 21800281845	were filed on 12/7/201	\overline{S} and assigned
This amendment is submitted to amend the following:		281
A. If amending name, enter the new name of the limited liabil	ity company here:	DEC 2
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbr	revietion "L.L.C."
Enter new principal offices address, if applicable:		70 7
(Principal office address MUST BE A STREET ADDRESS)		07.2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Privita siver adoress	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	•
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agre	e to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	Charkemma Honant	POBOX 45182 Tampa PZ 33677	∳∕√dd
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Filing Fee: \$25.00