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COVER LETTER

Division of Corporations				
SUBJECT: Make A Ch	ange (Leaning ability Company	Services LLC	
The enclosed Articles of Amendment and fee(s) are submitted	for filing.		
Please return all correspondence concerning the	is matter to the	following:		
Stopha	inie T	YAZUV Name of Person	· · · · · · · · · · · · · · · · · · ·	
Make	A Ch	ange Cle	aning Service	; LLC
1204	Forbes	Street Address		
Orten	Cove c	Springs State and Zife Tode	71 32043	
SKF 30	$\frac{391}{address: (to be a$	amail.c	port notification)	
For further information concerning this matter	, please call:		,	
Stephanie Frazier	_	at (904) 4	1804792	
Name of Person		Area Code	Daytime Telephone Number	
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee □ \$30.00 Filing F Certificate of		\$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	Sed) \$60.00 Filing Certificate of Certified Cop (additional copy	Status & Y

MAILING ADDRESS:

TO:

Registration Section

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

FILED 2019 JAN 10 PM 4: 58

OKF Cleaning Services LLC SECRETARY STATE

(Name of the District Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 11, 2018 and assigned Florida document number L 1 8000 283 087 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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	
			□ Remove	
		·		
				
			□ Remove	
		·	☐ Change	
			D Add	
			Remove	
			Change	
 			Add	
			Remove	
			Change	
			□ Remove	
			☐ Remove	
			□ Change	

If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> I	te date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated <u>(</u>	January 8, 2019.
	January 8, 2019.
	Stephanie Frazier Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00