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COVER LETTER

TO:	Registration Se Division of Cor						
eud ie	MARIE'S (DUSTBUSTERS CLEANING	SERVICES LLC				
SU BJE (Name of Limited Liability Company						
The encl	losed Anicles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspo	andence concerning this matter	to the following:				
		CARMEN BURGOS					
			Name of Person				
MARIE'S DUSTBUSTERS CLEANING SERVICES LLC							
Firm/Company							
	3707 CORAL DR						
			Address				
		TAMPA, FLORIDA 33619					
		City/State and Zip Code CHESCAD1004@GMAIL.COM					
		E-mail address: (to be used for future annual report notif	cation)			
For furtl	her information o	oncerning this matter, please ca	all:				
CARMI	EN BURGOS		813 325-5905 at ()				
	Name o	i Person	at () Area Code Daytime	Telephone Number			
Enclose	disacheck for t	he following amount:					
■ \$ 25	(90) 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

MARIE'S DUSTBUSTERS CLEANING SERVICES	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L18000283187</u> .	vere filed on 12/10/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	ZOIS NOV 18 PM 3: 21 TAKELAHASSEE FI ORNI
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

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	CARMEN M BURGOS	3707 CORAL DR TAMPA, FL 33619	□ Add
			Remove
			Change
MGR	FRANSCHESCA M DAVID	3707 CORAL DR TAMPA, FL 33619	Add
			Remove
			Change
AMBR	CARMEN M BURGOS	3707 CORAL DR TAMPA, FL 33619	
			■ Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change

D. If amer	iding any other information, enter change(s) here: (Attach additional sheets. if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
If the rec (b) The	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 _	NOVEMBER 13 2019
	Signature of a member or authorized representative of a member
	Carment DraoS Typed or printed name of signee

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Filing Fee: \$25.00