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COVER LETTER

| cun ider. | Jax Cleanin | g Systems LLC | | |
|--------------------|----------------|---|---|--|
| SUBJECT: | | Name of Lim | ited Liability Company | |
| | | Amendment and fee(s) are sub- | · | |
| Please return | i ali correspo | ndence concerning this matter Norma Pena | to the following: | |
| | | Jax Cleaning Systems LLC | Name of Person | |
| | | 8341 Derbyshire Place | Firm/Company | |
| | | Jacksonville, FL 32244 | Address | |
| | | normanenamp@gmail.com | City/State and Zip Code | |
| For further in | nformation c | E-mail address: (o | to be used for future annual report notifica | tion) 19 |
| Norma Pena | | | 904 802-3056 at () | <u>-</u> |
| | Name o | f Person | Area Code Daytime To | elephone Number |
| Enclosed is a | a check for th | ne following amount: | | \oldot |
| ■ \$25.00 F | 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) |
| | MAIL | ING ADDRESS: | STREET/COURIER | ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 TARITA OF CONTRACTOR

TO ARTICLES OF ORGANIZATION OF

| Tax Cleaning Systems LLC | | | | |
|--|--|--------------------------------------|--|--|
| (Name of the Limi | ted Liability Company (A Florida Limited Lia | as it now appears on bility Company) | our records.) | |
| The Articles of Organization for this Limited L | Liability Company w | 01/04/1 | Q | |
| This amendment is submitted to amend the fol | mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: I name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" new principal offices address, if applicable: 8341 Derbyshire Place Jacksonville, FL 32244 | | | |
| A. If amending name, enter the new name of | | | | |
| The new name must be distinguishable and contain the | words "Limited Liability | y Company," the design | ation "LLC" 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: (Mailing address MAY BE A POST OFFICE | | | ce Jacksonville, FL 32244 — CO PH 10 (A) | |
| registered agent and/or the new registered o | ffice address here: | ce address on our | | |
| New Registered Office Address: | 8341 Derbyshire | Place | | |
| | JACKSONVILLI | Enter Florida s E | 32244 | |
| | | City | , Florida Zip Code | |

New Registered Agent's Signature, if changing Registered Agent;

Inv. Classina Systams LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wiprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> NORMA PENA | Address 8341 Derbyshire Place | Type of Ac |
|--------------|---------------------------|---------------------------------------|------------|
| AMBR | | Jacksonville, FL 32244 | ■ Add |
| | | | Remove |
| | DIONELLA GALLO | 4982 Key Lime Dr Unit 205 | □ Change |
| AMBR | DIOTUBLA CALLO | Jacksonville, FL 32256 | Add |
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Page 3 of 3

Filing Fee: \$25.00