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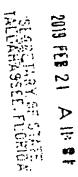
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COVER LETTER

TO: Registration Division of C			
SUBJECT: Cyclon	e Cleaning Solutions, LL	.C	
	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub	_	
Please return all corres	pondence concerning this matter	to the following:	
	Eduardo Martinez		
		Name of Person	
	Cyclone Cleaning S	olutions, LLC	
		Firm/Company	
	1776 Forest Creek I	Dr	
		Address	
	Jacksonville FL 322	25	
	eduardolmr18@gma	City/State and Zip Code	
	_	to be used for future annual report notif	lication)
For further information	concerning this matter, please c	aft:	
Eduardo Martine		at (<u>787</u>) <u>487</u> Area Code Daytime	- 6510
Name	of Person	Area Code Daytime	2 Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 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

FILED

Cyclone Cleaning Solutions, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on out 114 orth 2 21 A Is St
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Oll A LACOSE. Fland assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10752 Deerwood Park Bivd Suite 100 Jacksonville, FL 32256
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10752 Deerwood Park Bivd Stite 100 Jacksonville, FL 32256
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u>
10000	DEEVWOOD Park Bird, Suite 100 Enter Florida street address
Jacks	Sonville Florida 32756 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.

f 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>	<u>Address</u>	Type of Action
AMBR	María Vizcamando	10752 Decrucoi Park Bird	p Add
		Suite 100	Remove
		Jacksonville, FL 32256	Change
			Add
			Remove
			■ Change
			□ Add
			Remove
			Change
			Add
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Fective date, if other then the neffective date is listed, the ote: If the date inserted in cument's effective date o	date must be specific an this block does not	nd cannot be prior to meet the applicat	o date of filing or more t	(optional) than 90 days after filing. quirements. this date) Pursuant to 605.0207 will not be listed as
record specifies a d The 90th day after th			an effective time	e, at 12:01 a.m.	on the earlier of
ded <u>February</u>	, 15	2019 An (T			
			ized representative of a	member	
	Eduard		·		

Page 3 of 3

Filing Fee: \$25.00