# 119000027998

| (Req                      | uestor's Name)   |           |
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| (Add                      | lress)           |           |
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| PICK-UP                   | ☐ WAIT           | MAIL      |
| (Bus                      | iness Entity Nam | ne)       |
| (Doc                      | cument Number)   |           |
| Certified Copies          | Certificates     | of Status |
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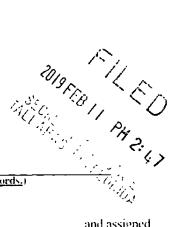
| TO:          | Registration Se<br>Division of Cor |  |   |  |
|--------------|------------------------------------|--|---|--|
|              |                                    | ONAL SPOTLESS PREMIER                        | SERVICES LLC  |  |
| SUBJI        | ECI:                               | Name of Lim                                  | ited Liability Company  |  |
| The en       | iclosed Articles of                | Amendment and fee(s) are sub                 | mitted for filing   |  |
| Please       | return all correspo                | indence concerning this matter               | to the following:   |  |
|              |                                    | WENDY J. PINTO                               |   |  |
|              |                                    | <del></del>                                  | Name of Person  |  |
|              |                                    | PROFESSIONAL SPOTE                           | ESS PREMIER SERVICES LLC  |  |
|              |                                    | <del></del>                                  | Firm/Company  | <del></del>  |
|              |                                    | 1306 SOUTHWINDS DR                           |   |  |
|              |                                    | ·  | Address   |  |
|              |                                    | LANTANA, FL 33462                            |   |  |
|              |                                    | wependy82@hotmail.com                        | City/State and Zip Code   | <del></del>  |
|              |                                    | E-mail address: (                            | to be used for future annual report notif                           | ication)   |
| For fur      | rther information c                | oncerning this matter, please co             | all:  |  |
| MIRE         | YA BURAK                           |  | 561 459-7420<br>at ()   |  |
|              | Name o                             | f Person                                     | Atea Code Daytime   | Telephone Number   |
| Enclos       | ed is a check for th               | ne following amount                          |   |  |
| <b>□</b> \$2 | 5 00 Filing Fee                    | □ \$30,00 Filing Fee & Certificate of Status | □ \$55,00 Filing Fee & Certified Copy radditional 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



#### PROFESSIONAL SPOTLESS PREMIER SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company Florida document number L19000027998                  | y were filed on 1/28/2019            | and assigned                     |
|---|--------------------------------------|----------------------------------|
| This amendment is submitted to amend the following:   |                                      |                                  |
| A. If amending name, enter the new name of the limited lia  | bility company here:                 |                                  |
| The new name must be distinguishable and contain the words "Limited Liah  | odity Company," the designation "LLC | " or the abbreviation "L. I. 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 BOX)  |                                      |                                  |
|   |                                      |                                  |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he |                                      | s, enter the name of the new     |
|   |                                      |                                  |
| Name of New Registered Agent:   |                                      |                                  |
| New Registered Office Address:  |                                      |                                  |
|   | Enter Florida street address         | •                                |
|   | Flo                                  | orida                            |
|   | City                                 | 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.

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          | WENDY J. PINTO | 1306 SOUTHWINDS DR<br>LANTANA, FL 33462 | <b>□</b> Add   |
|              |                |   | ☐ Remove       |
|              |                |   | Change         |
|              |                |   | D Add          |
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|   |                               |                                |  |
| ective date, if other than the effective date is listed, the date muse:  If the date inserted in this blument's effective date on the D | ock does not meet the applica | able statutory filing requirem | _ (optional)<br>lays after filing ) Pursuant to 605 02<br>ents, this date will not be listed : |
| record specifies a delayed<br>he 90th day after the rec   |                               | t an effective time, at 1      | 2:01 a.m. on the earlier   |
| FEBRUARY 6  | 2019                          | _                              |  |
|   | 11/2 11/0:                    | ata                            |  |

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Typed or printed name of signee

Filing Fee: \$25.00