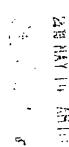
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HEY 29 YOU C MONAIR

COVER LETTER

Divi	ision of Cor	porations	•			
SUBJECT:	COPACAB	ANA GIRLS CLEANING SE	RVICES LLC			
		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		ANA L FERREIRA				
			Name of Person		7	
		ANAS ACCOUNTING SI	ERVICES CORPORATION		S	
	Firm/Company					
		100 WALLACE AVE SUI	TE 245			
			Address	, , , , , , , , , , , , , , , , , , , 		
		SARASOTA , FL 34237				
		ANA@ANASACCOUNTE				
		E-mail address: (to be used for future annual report notif	ication)		
For further in	iformation c	oncerning this matter, please ca	all:			
ANA L FER	REIRA		941 870-3400 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

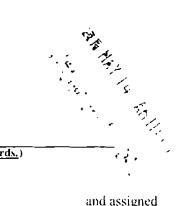
TO:

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



COPACABANA GIRLS CLEANING 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	were filed on FLORIDA	and assigned	
Florida document number 1.19000040987			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	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:			
(Mailing address MAY BE A POST OFFICE BOX)	 ·		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our record	ls, enter the name of the new	
	•		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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>	<u>Address</u>	Type of Action
MGR	FABIANO ALMEIDA MENDES	2862 Twin Dr. Sarasota, FL 34234	
			Remove
			■ Change
MGR	PATRICIA K GROPO	2862 Twin Dr. Sarasota, FL 34234	
			■ Remove
			□ Change
			Remove
			Change
			
			Remove
			Change
			□ Remove
			□ Change
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated
Dated Dated Patricia K Gropo more Signature of a member or authorized representative of a member
PATRICIA K GROPO MGR

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00