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(Re	equestor's Name)	-
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COVER LETTER

SUBJECT:		AN CLEANING SERVICE, LL	C.				
Name of Limited Liability Company							
The enclosed	d Articles of	Amendment and fee(s) are subm	nitted for filing.				
Please return	ı all correspo	ndence concerning this matter to	o the following:				
		EVA XIOMARA MONTIL	LA				
		EVA MONTILLA	Name of Person				
		2513 Cheval St	Firm/Company				
		Orlando Florida 32828	Address				
		xiomaramontilla@hotmail.co					
For further in	nformation c	e-mail address: (to oncerning this matter, please cal	be used for future annual report notific	ation)			
EVA MON	ΓILLA		407 874 7027 at ()				
	Name o	f Person	Area Code Daytime	Celephone Number			
Enclosed is a	a check for th	ne following amount:					
₩ \$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)			

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 ARTICLES OF ORGANIZATION

SPARKLEAN CLEANING SERVICE, LLC.

Mary Mary (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 $\frac{03/04/2019}{1}$ and assigned Florida document number L19000060417 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 mv 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	
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			☐ Remove	
			☐ Change	
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Effective date, if other than	n the date of filing:	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.02
Note: If the date inscrted in t	his block does not meet the applic	cable statutory filing requirements, this date will not be listed
document's effective date on	the Department of State's records	
) The 90th day after the		ot an effective time, at 12:01 a.m. on the earlier
Dated	2019	,
	11/1/5	
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	/ prenature of a member of auth	orized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00