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| Certified Copies | _ Certificate | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Cor | | | | |
|--------------------------------------|--|---|---|------------------|
| | EANING AND MAINTENAS | SCE SERVICES LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | DERICK FALERS BLAN | (*() | | |
| | | Name of Person | | |
| | | Firm/Company | | |
| | 4705 ROCKVALE DR | | | |
| | | Address | | |
| | KISSIMMEE FL 34758 | | | |
| | ATOZGROUPFL@GMAII | City/State and Zip Code COM | | |
| | - | to be used for future annual report notifi | cation) | 2024 FEB |
| For further information of | concerning this matter, please co | all: | | FEB. |
| DERICK J ALERS BLA | ANCO | 407 5928854 | | |
| Name c | of Person | Area Code Daytime | Felephone Number | ST ST ST |
| Enclosed is a check for t | he following amount: | | | AE JO |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate of Certified Copy (additional copy | f Status & Py |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Sec | tion | |

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A TO Z CLEANING AND MAINTENANCE SERVICES I. | LC |
|---|--|
| (<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability | t now appears on our records.) y Company) |
| The Articles of Organization for this Limited Liability Company were | filed on 03/04/2019 and assigned |
| Florida document number L19000061159 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability c | ompany here: |
| A TO Z GROUP FL LEC | |
| The new name must be distinguishable and contain the words "Limited Liability Cor | npany." 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: | 2024 SE |
| Mailing address MAY BE A POST OFFICE BOX) | |
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| | -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| B. If amending the registered agent and/or registered office addre | |
| agent and/or the new registered office address here: | 70 P |
| | - 52 - 52 |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | . Florida |
| · · | the Zin 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 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 | DERICK J ALERS BLANCO | 4705 ROCKVALE DR | □Add |
| | | KISSIMMEE FL 34758 | □ Remove |
| | | | ■ Change |
| AMBR | EVISAIN RAMOS TORRES | 7405 N SOCRUM LOOP RD LOT 103 | = Add |
| | | LAKELAND FL 33809-2236 | □Remove |
| | | | □Change |
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| (H'an effect <u>Note:</u> If | e date, if other than the dat tive date is listed, the date must be "the date inserted in this block it's effective date on the Depar | specific and cannot be p does not meet the ap | plicable statutory f | or more than 90 days after | | |
| If the record s record is filed | specifies a delayed effective da d. | te, but not an effectiv | ve time, at 12:01 a. | m, on the earlier of: (b |)) The 90th day afte | er the |
| JA Dated | ANUARY 29 | 2024 | | | | |
| | | \sum_{i} | | | | |
| | | | - authorized representa | | | |

Filing Fee: \$25.00

Typed or printed name of signee