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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	Lenox Mille	ennial Cleaning, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		Sue-Tanya Crosbourne		
			Name of Person	
		Lenox Millennial Cleaning	g, LLC	
			Firm/Company	
		1911 Garden Bower Circle	c, APT 101	
			Address	
		Tampa, FL 33619		
		laray illandialah wina @a	City/State and Zip Code	
		lenoxmillennialcleaning@g E-mail address: (man.com to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please c	all:	
Sue-Ta	nya Crosbourne		813 981.2740 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$25	.00 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)
	MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORCANIZATION OF

Lenox Millennial Cleaning, LLC						
(Name of the Lim	(A Florida Limited	any as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company were filed on March 9, 2019				and assigned		
Florida document number L19000067973	·					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company her	e :			
SAME						
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the des	ignation "LLC" or the abbro	viation "L,L.C."	_	
Enter new principal offices address, if applicable:		SAME				
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				_ 	
Enter new mailing address, if applicable:		SAME			_	
(Mailing address MAY BE A POST OFFICE	BOX)		·	<u> </u>	_	
				15. 19. 19.		
				in in the second		
B. If amending the registered agent and	•		our records, <u>enter th</u>	e name of the	net	
registered agent and/or the new registered of	office address her	<u>:e</u> :			r in	
	CANE				r-	
Name of New Registered Agent:	SAME			<u>∵</u>	_	
New Registered Office Address:	SAME			युष्यं क्रि	_	
		Enter Floria	la street address			
			, Florida		_	
		City		Zip Code	_	
New Registered Agent's Signature, if changing	Registered Agent:	i				
I hereby accept the appointment as register	ed agent and agr	ree to act in this co	pacity. I further agree	to comply with	the	

provisions of all statutes relative to the proper and complete perfermence 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	Sheldon Williams	1911 Garden Bower Cir, Ap101	□ Add
		Tampa, FL 33619	
			■ Remove
			☐ Change
AMBR	Sue-Tanya Crosbourne	1911 Garden Bower Cir. APT 101	8 4 1 1
		Tampa, Florida 33619	Add
			□ Remove
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			SAME					
E. Effective d	ate, if other than the date is listed, the date m	e date of filin ust be specific an	g: I cannot be prior	to date of filing or	more than 90 days	optional) after filing.) P	ursuant to 605.	0207
(If an effective	date inserted in this	block does not i	neet the applic					-
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