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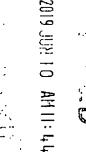
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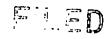
TO: Registration Section Division of Corporations
SUBJECT: DTC Cleaning Services, UC Name of Limited Liability Company
The enclosed Articles of Amendment and fcc(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amber Lipps
DTC Cleaning Services, LLC
3300 Wassum Thail Chulwata, FL 327146
City/State and Zip Code
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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



DTC CLEANING SERVICES LLC

2019 JUN 10 AM 11: 44

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5-10-19 and assigned Florida document number 119000 1332310 This amendment is submitted to amend the following: As if amending name, enter the new name of the himsel habitity 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida <u>__</u>

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
ner	Carrie magill	2300 Wassum Trail Chivivota, FL 327106	Add
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Note:	(optional) Tective date, if other than the date of filing: Tective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	10.3-19
Dated	6.3-19
Dated	angustare of a member of a member

Page 3 of 3

Filing Fee: \$25.00