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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Jackson VIII VIB 10 Name of Limi	and Cleaning Sovices He.	
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
S don	Name of Person	
Jacksoni	le Mbrout Clacining Services LLC Firm/Company	
10100 Bay	NECCOUNS Rd +101 105	
Jacksanui	City/State and Zip Code	
anivha	(to be used for future annual report notification)	
For further information concerning this matter, please ca	eall:	
Sabrina Davis Name of Person	at (B) 2 3 - 77 6 9. Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	(additional copy is enclosed) 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

The Articles of Organization for this Limited Liability Company were filed on Tun: 24 2-019 Florida document number 2190624846 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 "LLC." 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 na registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida City

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

Type of Action Address Title Name 10100 Baymeschas Rd 0 Add _□ Change □ Add _□ Remove __

Change □ Add □ Remove ☐ Change □ ∧dd ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change 🗖 Add ☐ Remove ☐ Change

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Note: If	e date, if other than the date of filing: (optional) tive 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 605.020° the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
ne reco The 9	and specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier of 00th day after the record is filed.
Dated _	7-12-19
	Signature of a member or authorized representative of a member
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00