L19000172676

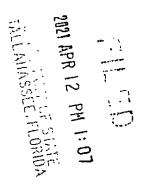
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COVER LETTER

	of Corporations
SUBJECT:	Name of Limited Libility Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Ragiel Jezek Name of Person
	KRYS Cleaning Company LLC
	P.O. Box 5482 Address
	Key West FL 33045 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Rague/	Verel at (305) 395 · 9735 Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	ek for the following amount:
▼ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Street Address:
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

Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 19000172676</u> .	ere filed on	(1) and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability SOUTHOUNDST VOCATION RUNTE The new name must be distinguishable and contain the words "Limited Liability	als and Managment	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: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	P.O. Boy 5482 Key West FL	33045
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter thé n	APR
Name of New Registered Agent:		P# 12
New Registered Office Address:	Enter Florida street address	
	DE Florida	07
	City	Zip 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 to 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 add 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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			202	_ □Remove
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