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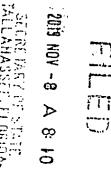
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Make Your Home & Vehicle Clean Again UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bernadin Cherichel Name of Person
Firm/Company
1093 Summit trull circle APTB
West Palm Beach FL 33415 City/State and Zip Code
Cherichel ben (1) y mail. (orn E-mail address: (1) be used for future annual report notification)
For further information concerning this matter, please call:
Remadin Cherickel at (863) 612-8167 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Home & Hehicle Clean Again Che KOV -8 A 8: 10

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August Florida document number L 19000210576 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 "L.L.C." 6472 Forest Hill Blud P.O.Biz 108 Enter new principal offices address, if applicable: West Palm Beach, FL 33415 (Principal office address MUST BE A STREET ADDRESS) 6472 Forest Hill Rlud P.O.Box 108 Enter new mailing address, if applicable: West Palm Beach FL US 3341.T (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 _, Florida ___

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 Me	mber		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00