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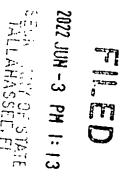
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Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: G.D.D. Cleaning	
Name of the	simited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Michelle	Brown Name of Person
BMW (	Itaning Services LLC
69115u	) WHA Ferrance Address
Ocula,	City/State and Zip Code
Michelle Bi	S: (to be used for future annual report notification)
For further information concerning this matter, please	call:
Michelle Brown	at (772) 021-0917
Name of retson	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
	تاسن.
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
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Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PMW Cleaning Se- (Name of the Limited Liability Company (A Florida Limited Liab	e as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 1900 100 100 100 100 100 100 100 100 10	vere filed on 11 4 2020 and assig	med
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and contain the words "Limited Liability"	-L-C	C."
Enter new principal offices address, if applicable:	JU JU	<u>'11</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SEE, FI	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new</u>	registered
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ad	erformance of my duties, and I am familiar with ovided for in Chapter 605, F.S. Or, if this docum	and ient is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

Flective date. If other than the date of filing:  In effective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Stores If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent seffective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  All CASHA BROWN  MICHAEL BROWN  MICHAEL BROWN  All CASHA BROWN								_
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Filing Fee: \$25.00