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COVER LETTER

Registration Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: Pro Vacation Rental management LLC.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Pro Vacation Revital Management LLC
1514 Clearlake Rd #149
Caca FL 32932 City/State and Zip Code 32 32 32 32 32 32 32 32 32 32 32 32 32
Provide the mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (321), 501-444 For Number From Numb
Enclosed is a check for the following amount:
S55,00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stellar All

Green Cleaning UC

(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records. \ Company)
The Articles of Organization for this Limited Liability Company were for Florida document number $\frac{L19000236530}{}$	iled on 9119 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	Dampement, 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)	MG 21 PH 2: 12
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registered
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.

Cin

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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