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COVER LETTER

Division of Corp			4
SUBJECT: SIM	Diy Clean Co	onmencial & R	esidential services 4
	Name of Limit	ed Liability Company	
			90
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	Jolio (Name of Person	190°C 19 74. 2:58
	Simply Clean	J Commercial 3 RE Firm/Company	Sideltia/services cla
	424 N. Or	ange ave. Address	<u></u>
	<u> Arcadia, F</u>	2 34266 City/State and Zip Code	
	Simply Clean E-mail address: (to	SK/FLLLC @ Or obe used for future annual report with	nail-Com
For further information co	oncerning this matter, please ca	11:	
Jolio Oll Name of	Person	at (<u>GUI</u>) <u>769 –</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Sec	tion
Negistration 2		Division of Corr	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simply Clean Commercial's Residuation Services LC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company of Florida document number <u>L1900272145</u>	were filed on <u>10 -30 -</u>	20 and assigned
This amendment is submitted to amend the following:		6
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words "Limited Liabili		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_N.t	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:	t	
New Registered Office Address:	Enter Florida street address	
	. Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MERM	Julio alvarado	424 N. Orange ave.	(DKdd
		424 N. Orange ave. Arcadia, FL 34266	□Remove
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iote: If the	date inserted in	an the date of date must be spec- this block does in the Departme	s not meet t	the applicab			(option days after fit nents, this d	ing.) Pursuant	to 605,0207 ne listed as
record spec Lis filed.	fies a delayed o	effective date. I	but not an e	ffective time	e, at 12:01 a	.m. on the ear	lier of: (b)	The 90th da	y after the
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