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Registration Section

TO:

Division of Corporations	
SUBJECT: Ram Clear Name of Lin	ning Service LLC 3
The enclosed Articles of Amendment and fee(s) are sub-	
Please return all correspondence concerning this matter	to the following:
	Name of Person
Kam Cle	aning Service LLC Firm Company
484 Nue	Stra Place
	nd, FL 34736 City/State and Zip Code
<u> </u>	aning Service IIC e gmail Com (to be used for future annual report notification)
For further information concerning this matter, please of	_
Janice n. Williams Name of Person	at (352) 400 4277 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 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)
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**

	TO	w _
ARTIC	LES OF ORGANIZATION	P2 (19)
	OF	La de la companya del companya de la companya del companya de la c
0	_	
Kam Clear	oning Service LLC	9
(<u>Name of the Limited L</u> (A F	Coning Service LC Liability Cempany as it now appears on our records.) Plorida Limited Liability Company)	20 May 8 11 13
The Articles of Organization for this Limited Liabil	lity Company were filed on 11/7/19	and assigned
Florida document number <u>L1900027845</u>		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
Bam Clean	sina Service LLC	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	X)	
	<u> </u>	
		*
B. If amending the registered agent and/or regis	tered office address on our records, <u>enter the</u> na	ame of the new registered
agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	# 122 - 11 - 12
	, Florida	
	City	Zin Cada

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 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
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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<u>te:</u> If the dat	if other than the dat is listed, the date must be e inserted in this block ctive date on the Depar	does not meet the	e applicable statu	nung or more than	(optional 90 days after filin ements, this dat	g.) Pursuant to 605.02
ecord specific s filed.	s a delayed effective da	e, but not an effe	ctive time, at 12	:01 a.m. on the e	arlier of: (b) T	he 90th day after tl
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