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## **COVER LETTER**

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TO:

TO: Registration Se Division of Cor					
	AL CLEANING OF CENTRA	L FL LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	HAKIMA EL MESNAOU	Л			
		Name of Person			
	UNIVERSAL CLEANING	G OF CENTRAL FL LLC			
		Firm/Company			
	14924 TULLAMORE 1.0	OP			
		Address			
	WINTER GARDEN, FL.3	34787			
		City/State and Zip Code			
	FLANNUALREPORT@G				
For further information e	E-mail address: { oncerning this matter, please c	to be used for future annual report no all:	tification)		
HAKIMA EL MESNAC	DUI	407 285 1040 at ()			
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 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 Division of C	Section Corporations	Street Address: Registration S Division of Co	orporations		
P.O. Box 632 Tallahassee, l			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSAL CLEANING OF CENTRAL FL LLC

(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 Compar	ny were filed on 12/11/2019	and assigned
Florida document number 1.19000302067		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, <u>enter</u>	the name of the new registere
New Registered Office Address:		~ 26
	Enter Florida street addres, Flo	orida Zip Code
N. D. Januarda Simanum if abandan Degistaned Ages	City	Zip Code-
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	O E M
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	s provided for in Chapter 605.	F.S. Or, if this doment is
īrc	hanging Registered Agent, Signature o	f 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
AMBR	JAMAL BAUI	14924 TULLAMORE LOOP	■Add
		WINTER GARDEN, FL 34787	□Remove
			□Change
MGR	HAKIMA EL MESNAOUI	14924 TULLAMORE LOOP	□Add
		WINTER GARDEN, FL 34787	■Remove
		<del></del>	□Change
AMBR	COLTON JAMES CASTONGUAY	860 N ORANGE AVE APT 448	■Add
		ORLANDO, FL 32801	□Remove
			□Change
			□Remove
			Change
			□ Add
			□Remove
			Change
			DAdd
			Remove
			Change

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Filing Fee: \$25.00