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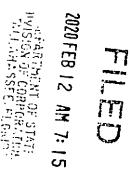
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MAR 0 7 2020 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

DCUT CLI SUBJECT:	EANING COMPANY 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	ondence concerning this matter	to the following:	
	ELIZABETHE LEVENTH		
		Name of Person	
	DUCT CLEANING COM	PANY LLC	
		Firm/Company	
	4421 IST AVE SOUTH		
		Address	<u> </u>
	ST PETERSBURG, FL 33	711	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	lizleventhal1@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
ELIZABETH LEVENT	HAL	407 494-9399	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2020 FEB 12 NM	
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DUCT CLEANING COMPANY 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 C	Company were filed on 12/20/2019	and assigned
Florida document number L20000002465	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered	·	zip Code
		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered agenty being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and gent as provided for in Chapter 605, F	I I am familiar with and S.S. Or, if this document is

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
AMBR	DEVIN VEST	4421 IST AVE SOUTH	
		ST PETERSBURG, FL 33711	Remove
			□ Change
AMBR	ELIZABETH LEVENTHAL	4421 1ST AVE SOUTH	■Add
		ST PTERSBURG, FL, 33711	□ Келюче
			🗀 Add
			□Remove
			□Change
		···	□Remove
			□Change
			□Add
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			□Add
			□Remove

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Filing Fee: \$25.00