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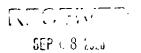
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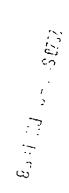
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 2 Broke Girls Cleaning Services LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kim Grier Name of Person
2 Broke Girls Cleaning Services, LLC Firm/Company
2076 Morehouse Rd Address
Jacksnuille, FL 37709 City/State and Zip Code
two bro 1891/15cleaning services e.gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kim Grier (owner) at (QEY) SUI-7779 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

2 Broke Couls Cle	nice Sprains	110 - P" 1:58
2 Broke Girls Clear (Name of the Limited Lia) (A Flor	bility Company as it now appearida Limited Liability Company)	ers on our records.)
The Articles of Organization for this Limited Liability		2 13 100 and assigned
Florida document number $\frac{L-20000513}{}$	14.	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company h	<u>nere</u> :
The new name must be distinguishable and contain the words "I	.imited 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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		records, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida street address
	Citv	Florida
	City	24

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 P. 198 - F. 1950 Type of Action
MBR	Kenisha Samuels	222 Blairmore Blvd 4 51 DAdd
		Orange Park, FL 32073 Decemove
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		_Add
		□Remove
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		□Remove
		□ Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date e: If the date inserted in this block does not meet the applicable st	
ument's effective date on the Department of State's records.	
and analysis a delivery affective duty but not an affective time at	12/01 a magazina ang thu applica ang the Ookh day after the
cord specifies a delayed effective date, but not an effective time, at s filed.	12.01 a.m. on the earner of (6) The 90th day after the
ed 8/18/20, 2020.	
Signature of a member or authorized r	
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