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COVER LETTER

TO:

	gistration Sec vision of Corp			
oun neer	Dr.	YMA CLEANIN	ng LLC	
SUBJECT:		Name of Limit	ted Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	o the following:	
		MICO CU	DINOMIC	
			Name of Person	
		1253 BELM	OUT TERRACE #	· ~
			Address	
		JACKSOUN	LLE FLORIDA 3:	2207
		`	City/State and Zip Code Come Co OX. Com o be used for future annual report not	
		F-mail address: ()	o be used for future about report not	ification)
For further i	information c	oncerning this matter, please ca		
MICO	chu	more	at (\frac{\alpha\circ\chi}{\text{Area Code}}) \frac{\beta\chi\chi}{\text{Daytin}}	.0282
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	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)
	ailing Addres		Street Address: Registration So	ection
D	ivision of C	Corporations	Division of Co	rporations
	O. Box 632 Habassee		The Centre of	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DALMA CLEANING	
(Name of the Limited Cability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>\</u> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	my were filed on FEGS-26-2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	iability 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7ACC
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registere
Name of New Registered Agent:	III
New Registered Office Address:	Enter Florida street oddress
···	, Florida City Zip Code

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 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
PMBR	MICO CILLIMONIC	1253 AELHONT TERRACE #3	XAdd
			□Remove
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<u>ote:</u> H	e date, if other than tive date is listed, the date the date inserted in that it's effective date on the	is block does not	meet the applicab	date of filing or more le statutory filing r	(option than 90 days after fi equirements, this c	al) ing.) Pursuant to 605.020 late will not be listed as
ecord is file	specifies a delayed effo d.	ective date, but no	ot an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
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