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7020 JUH -8 AM 8: 38



COVER LETTER

Division of Corporations				
SUBJECT: GREEN CLEANING ENTER PRISE, LC 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:				
EDITA OPTAITE - VALAITIENE Name of Person				
GREEN CLEANING ENTERPRISE, LLC Firm/Company				
5245 NW 112 TH AVE APT 4				
DORAL FLORIDA 33178 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
S25.00 Filing Fee S260.00 Filing Fee, Certificate of Status S260.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe				
Mailing Address: Street Address:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

FILED

2020 JUN -8 AM 8: 38 (Name of the Limited Liability Company as it now appears on our records) Allow (A Florida Limited Liability Company) GREEN The Articles of Organization for this Limited Liability Company were filed on $\frac{02/2\tilde{Y}/2020}{20}$ and assigned Florida document number $\angle 2000064814$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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
AR	INGA TURCU	5245 NW 112TH AVE	□Add
		UNITY DORAL FLORIDA	TRemove
		ZIP: 33178	□Change
AMBR	INGA TURCU	5245 NW 112 TH AVE	□Add
		UNITY DORAL FLORIDA	2 Remove
		ZIP 33178	□Change
			□Remove
			Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated <u>UB 06/02/2020</u>
ay
Signature of a member or authorized representative of a member
EDITA OPTAITE - VALAITIENE Typed or printed name of signee

Filing Fee: \$25.00