120000081590

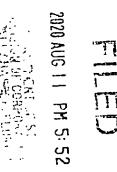
| (| Requestor's Name) | | | |
|---|-------------------------|--|--|--|
| (Address) | | | | |
| (| Address) | | | |
| | City/State/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (| Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SEP 2 9 2020 S. YOUNG

COVER LETTER

| | O: Registration Section Division of Corporations | | | | | |
|---|---|---|--|--|--|--|
| | ED SANITIZATION EXPERT | S.L.C. | | | | |
| SUBJECT: | Name of Limited Liability Company | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | | |
| | RODOLFO PEREZ | | | | | |
| | | Name of Person | | | | |
| | | Firm/Company | | | | |
| | 10637 W 32 LANE | | | | | |
| | HIALEAH, FL 33018 | Address | | | | |
| For further information of | RODOLFO.M.PEREZ@GI E-mail address: (concerning this matter, please c | to be used for future annual report noti | fication) | | | |
| RODOLFO PEREZ | , | 786 5671537 | | | | |
| Name of Person | | at () | 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 Addres | | Street Address: Registration Se | ction | | | |
| Registration Section Division of Corporations | | Division of Cor | | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ENHANCED SANITIZATION EXPERTS, L | LC. | Ś |
|--|---|-----------------------------------|
| (Name of the Limited Liability | Company as it now appears on our reco | ords.) |
| (A Fronda I | mined Blabinty Company) | 6 |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 3/23/2020 | and assigned) |
| Florida document number 1.20000087590 | . , | P |
| Florida document number | _, | y, y |
| This amendment is submitted to amend the following: | | PH 5: 52 |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | · | |
| (Principal office address MUST BE A STREET ADDRI | ESS) | |
| | | |
| | | |
| 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: | office address on our records, ent | er the name of the new registered |
| agent and/or the new registered office address nere: | | |
| | | |
| Name of New Registered Agent: | | . |
| New Registered Office Address: | | |
| The registered Office (ragics). | Enter Florida street add | ress |
| | | Florido |
| | City | Florida 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 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 | KRISHAN ARORA | 475 BRICKELL AVE UNIT 3806 | □Add |
| | | MIAMI, FL 33131 | ≣Remove |
| | | | □ Change |
| AR ROXANA ROS | ROXANA ROS | 10637 W 32 LANE | ■Add |
| | | HIALEAH, FL 33018 | □Remove |
| | | | |
| | | | □Add |
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| | | | □ 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: __ (optional) Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 _ AUGUST 3 2020 Signature of a member or authorized representative of a member RODOLFO PEREZ Typed or printed name of signee