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| TO: | Registration Se Division of Cor | | - | | | |
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| | | E CLEANING SERVICES & | CONCIERGE LLC | | | |
| SUBJE | CI: | Name of Limi | ited Liability Company | | | |
| The enc | losed Articles of | Amendment and tee(s) are sub | mitted for filing. | | | |
| Please r | eturn all correspo | ndence concerning this matter | to the following: | | | |
| | | LORENA NUNN | | | | |
| | | | Name of Person | | | |
| | | | Firm/Company | | | |
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| BRADENTON, FL 34210 | | | | | | |
| City/State and Zip Code | | | | | | |
| | | E-mail address: () | to be used for future annual report notif | ication) | | |
| For furt | her information c | oncerning this matter, please co | all: | | | |
| LOREN | NA NUNN | | 305 906-2779 | | | |
| | Name o | l'Person | at () Area Code Daytime | Telephone Number | | |
| Enclose | d 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) | | |

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPLETE DETAILED SERVICES 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 Company were filed on $\frac{03/24/2020}{2}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COMPLETE CLEANING SERVICES & CONCIERGE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 235 SHERWOOD DR Enter new principal offices address, if applicable: BRADENTON, FL 34210 (Principal office address MUST BE A STREET ADDRESS) 235 SHERWOOD DR Enter new mailing address, if applicable: BRADENTON, FL 34210 (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

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

| Title | <u>Name</u> | Address | Type of Action |
|-------|-----------------|---------------------|----------------|
| MGR | LORIENNYS GOMEZ | 6066 31ST AVE W | Add |
| | | BRADENTON, FL 34209 | ■ Remove |
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| ffecti | date, if other than the date of filing: (optional) | |
| an eff | ve 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 |
| | he date inserted in this block does not meet the applicable statutory filing requirements, this date will not b 's effective date on the Department of State's records. | e fisted as |
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| | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ϵ | earlier o |
| The | Oth day after the record is filed. | |
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Typed or printed name of signee

Filing Fee: \$25.00