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D. BRUCE SEP 28 2020

COVER LETTER

Division of Corp	orations		** · · · · · · · · · · · · · · · · · ·	
subject: <u>SW</u>	Cleaning Name of In	E HOME Service ated Liability Company	es LLC	
The enclosed Articles of 2	Amendment and fee(s) are sub-	nutted for filing		
Please return all correspor	ndence concerning this matter	to the following		
	<u>Kristic</u>	Name of Person	<u> </u>	
	sw c	Lecroing & Ho	ome Services 1	JC
	850 Zath	St. SW Address		
		Daples FL 3	14117	
		KDA AMAL. CO		202
For further information co	meerning this matter, please ca	ıll	A C	\$- 1 2020 Aug
Kristing Name of	M. Puido	at (<u>239)</u> <u>465</u> Area Code Daytime	8953 e Telephone Number	1) ED
rinelosed is a check for the	e following amount			1: 07
□ \$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 of Certified Copy (additional copy) is enclosed	

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

(A (Milou)	mined that they company,		
The Articles of Organization for this Elimited Liability Co. Florida document number <u>L. 200009893U</u>		1 <u>20</u> and assigned	
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the ab	objeviation "L.I.C"	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	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, <u>enter the nam</u>	DZO AUC	red
Name of New Registered Agent.			+ -24
New Registered Office Address.	Enter Florida sirvet address Florida	MH 7: 0	, , , , , , , , , , , , , , , , , , ,
	CH1	Zip Vode	
New Registered Agent's Signature, if changing Registered	Agent:		

Thereby 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Kristina Pulido	850 29th St SW	
		Naples, FL 34117	BRemove
		A	□Change
MGR	Kristina Pulido	850 29th St SW	
		Naples, FL 34117	□Remove
		·	□Change
			\ _\dd
			ZRemove
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E. Effective date, if other than the date of filing:	optional) after filme) Pursuant to 6	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed	f (b) The 90th day a	iter the
Dated July 30 2020		
Signature of a member or authorized representative of a member		
Signaturd of a member or authorized representative of a member		

Filing Fee: \$25.00