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COVER LETTER

TO: Registration Se Division of Cor			
Arthur Goo	dwin Janitorial Cleaning Servic	ce il C	-
SUBJECT:	Name of Limi	ited Liability Company	, , ,,,,,,,,
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Olga D. Godwin		
		Name of Person	
	Arthur Godwin Janitorial	Cleaning Service LLC	
		Firm/Company	
	P.O.Box 89875		
		Address	
	Tampa, FL 33689		
	godwinolga2@gmail.com	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Olga D. Godwin		813 727-5503	
Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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 Address: 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

Arthur Godwin Janitorial Cleaning Service LL	. C	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reco nited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp. L20000106947	pany were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited	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 ADDRES.	<u> </u>	
		28.
Enter new mailing address, if applicable:		- با الله الله الله الله الله الله الله ا
Mailing address MAY BE A POST OFFICE BOX)		ر آ ا
		= = = = = = = = = = = = = = = = = = = =
		
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ent</u>	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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>	<u>Address</u>	Type of Action
Manage	Olga D. Godwin	P.O. Box 89875 Tampa, FL 33689	
` '			■Add
			■Remove
			□Change
AP	Olga D. Godwin	P.O. Box 89875 Tampa, FL 33689	□ Add
		·	□Remove
			□Change
			□Add
			□Remove
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