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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corp. | | | |
|--|---|---|--|
| SUBJECT: All | PRO Easy Name of Lim | Cleaning LLC ited Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| | Millian | Middleton Name of Person | |
| | All Pro | Fasy Cleaning | ng LLC TERRET T |
| | 452 0,5 Ce | ala Street L | Init 20 REF. FILL |
| | Altamonte | Springs FU City/State and Zip Code | 3270 PA 5 |
| | ebonie holk E-mail address: (1 | Way @ amal. C | ication) |
| For further information cor | ncerning this matter, please ca | ali: | |
| Millian Name of F | Middleton Person | at (At7) 800 - Daytime | -1390 : Telephone Number |
| Enclosed is a check for the | 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) |
| Se | | S4 | |

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

| All Pro Easy Classifity Control (Name of the Limited Liability Control | Company as it now appears on emited Liability Company) | our records.) |
|--|--|---|
| The Articles of Organization for this Limited Liability Com Florida document number <u>L2000140 8 </u> . | ipany were filed on MO | $\frac{\sqrt{22},2020}{\sqrt{20}}$ and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited Middle to Auto World The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: | LLC | ation "LLC" or the abbreviation "ILLC." |
| (Principal office address MUST BE A STREET ADDRES | <u>SS)</u> | PH 2: 17 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our record | ds, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida st | reet address |
| | Citv | . 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> | <u>Address</u> | Type of Action |
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| etive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to d If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records. | | | an 90 days a | | |
| ord specifies a delayed effective date, but not an effective time, filed. | , at 12:01 a.n | n. on th | e earlier of: | (b) The | 90th day afi |
| 1 7 1 2021 | | | | | |
| Signature of a member or authorize | ed representati | ve of a r | nember | | |
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