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(F	Requestor's Name)	
(A	Address)	
4)	Address)	
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(C	City/State/Zip/Phon	e #)
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(E	Business Entity Nar	ne)
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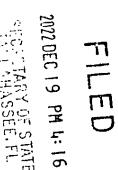
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COVER LETTER

TO:

Registration Section Division of Corporations

BREVARD KLEANING SPECIALISTS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following Jennifer Hatcher Name of Person Firm/Company 1810 Carlton St Address Merritt island, FL 32953 City/State and Zip Code brevardks@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 917-1653 Jennifer Hatcher Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREVARD KL	RANING SPECIA	LISTS LLC
	(Name of the Limit	ad Liability Company

(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 L	iability Company	were filed on 12/13/2	2022	and assigned		
Florida document number L20000143524				_ *		
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:				
BREVARD KLEENING SPECIALISTS LLC						
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	sation "LLC" or the abi	breviation "L.L.C."	-	
Enter new principal offices address, if applicable:		1810 Carlton St			_	
(Principal office address MUST BE A STREET ADDRESS)		Merritt island, FL			_	
		32953			_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>				- - 21	
B. If amending the registered agent and/or ragent and/or the new registered office addre	Ç,	address on our recor	rds. <u>enter the nam</u>	e of the new regist	2022 DEC 19 SECRETAR ENLLARA	77
Name of New Registered Agent:	Jennifer Hatche	er			_ 要是 9	1 1
New Registered Office Address:	1810 Carlton st				SSE R	
		Enter Florida s				
	Merritt island		, Florida ³²⁹		- PAR 16	
		Cuy		Zip Code	1 * 1	

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>	Address	Type of Action
- 			□Add
			□Remove
			□Add
			□Remove
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f amending any other informs	tion, enter change(s) here	e: (Attach additional sh	eets, if necessary.)	
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Affective date, if other than the an effective date is listed, the date mu Note: If the date inserted in this blocument's effective date on the E	st be specific and cannot be prior lock does not meet the applic	able statutory filing requi	(optional) 90 days after filing.) Pursuant rements, this date will not b	to 605.0207 be listed as
record specifies a delayed effection is filed.	ve date, but not an effective ti	ime, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after the
December 14	2022			
Out Ahar	h	·		
- J-J-1	Signature of a member or author	orized representative of a mo	mber	
Dea'jon Hatcher				
	Typed or print	ed name of signee		_

Filing Fee: \$25.00