## 120000150244

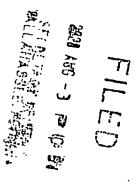
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## COVER LETTER

TO:

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outs mizes		TLEANING TEAM LLC			
SUBJECT:		Name of Lim	ited Liability Company	<del></del>	
The enclose	d Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		ANA C. MESA GARCIA	Ą		
			Name of Person		
			Firm/Company		
		10585 NOAHS CIRCLE A			
			Address		
		NAPLES FLORIDA 34116			
			City/State and Zip Code	<del></del>	
		GREATCLEANINGTEAM	<del>-</del>	<u> </u>	
		E-mail address: (	to be used for future annual report no	otification)	
For further	information c	oncerning this matter, please ca	all:		
ANA C. M	ES AGARCIA	۸ 	239 3843032 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres		Street Address: Registration S	Section	
	egistration S lyision of C	Section forporations	Division of Co		
	O. Box 632	· · · · · · · · · · · · · · · · · · ·	The Centre of	Tallahassee	
Ta	illahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810	

Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREAT CLEANING TEAM LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our recor Limited Liability Company)	'ds.)
The Articles of Organization for this Limited Liability C Florida document number L20000150244	ompany were filed on <u>06/02/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u> </u>	
Enter new mailing address, if applicable:		W. W
(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:	d office address on our records, <u>ente</u>	76
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	. <b>F</b>	lorida
_ <del></del>	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 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
MGR	ANA C. MESA GARCIA	10585 NOAHS CIRCLE APT 305	<b>=</b> Add
		NAPLES FL 34116	□Remove
			□ Change
			□Add
			□Remove
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ective date, if other than the d	ate of filing:		(optional)	
effective date, if other than the date effective date is listed, the date must be: If the date inserted in this block ument's effective date on the Department.	e specific and cannot be prior k does not meet the applic	to date of filing or more t able statutory filing re-	han 90 days after filing.) Pu	rsuant to 605.020 I not be listed a
cord specifies a delayed effective $\epsilon$ s filed.	late, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) The 9	Oth day after the
ed	. 2020	<del>) ·</del>		
	6 V	<i>'</i>		
	gnature of a member or author	orized representative of a	member	

Typed or printed name of signee