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(Requesto	r's Name)
(Address)	
(Address)	· · · · · · · · · · · · · · · · · · ·
(City/State	z/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	nt Number)
Certified Copies	Certificates of Status
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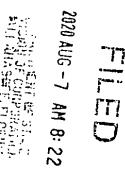
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08/07/20--01027--015 ++30.00

S. YOUNG



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	meniforal Name of Lim	BT Having Serie ited Liability Company	res, (10)
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:	
	Steni	/> JOSEPH Name of Person	
		Firm/Company	
	-1001 36 ⁺	Address	
	Stenio E-mail address: (1	City/State and Zip Code State and Zip Code S	3404 1/ Com
For further information cor	ncerning this matter, please or	all:	
S/-EN/O Name of I	Joseph	at (<i>Stil</i>) <u>402-9</u>	72 4 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se		Street Address: Registration Sec	tion
Division of Co	rporations	Division of Corp	porations
P.O. Box 6327 Tallahassee, Fl		The Centre of Ta 2415 N. Monroe	allahassee : Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	PF
(Name of the Limited Liability Compa	any as it how appears on our records.)
	Liability Company)
	11/1/200
The Articles of Organization for this Limited Liability Company	were filed on
Florida document number <u>L2000/52/68/</u> .	2
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
SSJ Cleaning Services, LL	<u></u>
The new name must be distinguishable and contain the words "Limited Liabi	ity Company, the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1001 36th Street
(Principal office address MUST BE A STREET ADDRESS)	1169
	West Jalm Buch, FT 3344
	ESTS Kunnal Paul
Enter new mailing address, if applicable:	Mach la look and
(Mailing address MAY BE A POST OFFICE BOX)	Nest filler beach
	<u>FL 33413</u>
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	,
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		□Remove	
		□Change	
		□Add	
			□Remove
		Change	
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		☐ Change	
	· · · · · · · · · · · · · · · · · · ·	□ Add	
		□Remove	
	 	□Change	
			
			Петюvе

ancı	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effect Note: I	tive date, if other than the date of filing:
2000	in a directive date on the separation of Saire a records.
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Thoust 04, 2020.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee