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COVER LETTER

TO: Registration Section

Division of Corporations				
	HIGHLIGH	T EXTERIOR CLEANING I.	I.C	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CHRISTOPHER CHAVE	7.	
			Name of Person	
			Firm/Company	
		11524 NW 6TH PLACE		
			Address	
		CORAL SPRINGS, FL 33	071	
			City/State and Zip Code	
		JENCHAVEZ114@YAHO		
			to be used for future annual report no	offication)
For further in	nformation co	oncerning this matter, please co	all;	
CHRISTOP	HER CHAV	EZ	954 643-0725 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	Filing Fee	S30.00 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)
	iling Addres gistration S		Street Address: Registration S	Section
Dir	vision of C	orporations	Division of Co	
), Box 632 Hahassee, I		The Centre of 2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGHLIGHT EXTERIOR CLEANING LLC

(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 Liability Company were tiled on $\frac{06/04/2020}{}$ Florida document number 1.20000152947 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HIGHLIGHT EXTERIOR LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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: Enter Florida street address

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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
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	July 9 2020.	
ated	July 9. 2020.	
	(it late)	

Filing Fee: \$25.00

Typed or printed name of signee