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COVER LETTER

TO;	Registratio Division of	on Section Corporations					
SUBJE		EPTS CLEANING SOLUTIONS I					
3000.	C1. ,	Name of Limited Liability Company					
The enc	losed Article	s of Amendment and fec(s) are sub	mitted for filing.				
Please r	etum all corr	respondence concerning this matter	to the following:				
		JOHANNA RORIGUEZ					
		<u> </u>	Name of Person				
		BUSINESSROCKET, INC	2				
			Firm/Company				
	15442 VENTURA BLVD STE 101						
			Address		 :		
	SHERMAN OAKS, CA 91403						
			City/State and Zip Code		·		
		DOCS@BUSINESSROCK					
		E-mail address: (to be used for future annual	report notification)			
For furti	er informati	on concerning this matter, please ca	all:				
NAHOL	NA RODRIG	GUEZ	310 42	4-5558			
	Na	me of Person	Area Code	Daytime Telephone	Number		
Enclose	d is a check t	for the following amount:					
≅ \$25	.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is en-	closed) C	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)		
	Mailing Ad	dress:	Street A	ddress:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassec

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22.8- -9 7.17:15

CONCEPTS CLEANING SOLUTIONS				, · J
(Name of the Limited Li (A F	iability Compan lorida Limited Li	у я <u>s it now ярреатs он our re</u> ability Company)	cords.)	
The Articles of Organization for this Limited Liabili		vere filed on 06/08/2020		and assigned
This amendment is submitted to amend the followin	ng:			
A. If amending name, enter the new name of the	limited liabil	ity company here:		
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the designation "	LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable):	19135 US HIGHWAY 19	HWAY 19 NORTH APT D31	
(Principal office address MUST BE A STREET A)		CLEARWATER, FL 33764		
		19135 US HIGHWAY 19		. D21
Enter new mailing address, if applicable:		CLEARWATER, FL 33764		. 15.5 (
Mailing address MAY BE A POST OFFICE BOX	<u>x)</u>			
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ldress on our records, <u>en</u>	iter the nan	ne of the new registe
Name of New Registered Agent:				
New Registered Office Address:	9135 US HIGH	WAY 19 NORTH APT D3		
		Enter Florida street aa		
<u></u>	LEARWATER		, Florida <u> </u>	3764
		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>	Name	Address	Type of Action
MGR	ALPHONSO WILSON	19135 US HIGHWAY 19 NORTH APT D31	\ Add
		CLEARWATER, FL 33764	{☐Remove
			ElChange
MGR	WILSON, ALFONSO	19135 US HIGHWAY 19 NORTH	□AbA □
		CLEARWATER, FL 33764	\BRemove
			□Change
physiole a ft 8 million become			🗀 Add
			Remove
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			() Add
			□Remove
			(I) Change
			□Add
			[]Remove
			ClChange

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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the applicable statutory filing requirements, this date will not be listed as th
ne record specifies a delayed effective date, but not an ef ord is filed.	Tective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JULY 13TH 203	20
2. Buleve	er or authorized representative of a member
ZATARA ROBINSON	or a authorized representative or a memora
	d or printed name of signee

Filing Fee: \$25.00