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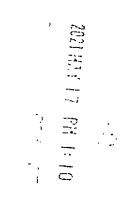
(Requestor's Name)
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(Document Number)
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COVER LETTER

Division of Cor			
SUBJECT:	esp Gorag	<u>Selivery</u> Ser	vices, LC
	/ Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Keep Go 17270 Miani,	Name offerson Selvery Address FL 33/54 City/State and Zip Code Ahov, Concord o be used for future annual report not	
For further information c	oncerning this matter, please ca		Hication)
Assila Name o		at (3 05) <i>746</i> -	5657 ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ુ.
Keep Going Selivery Services, LLC (Name of the Limited Liability Company at it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on June. 14, 2020 and assigned Florida document number <u>L20000147528</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Or Fresh So Clean, Etc. Cleaning Services, LAC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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
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
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reffective date i te: If the date	f other than the date of s listed, the date must be spe inserted in this block do tive date on the Departm	ecific and cannot be pro- ses not meet the appli	or to date of filing or more cable statutory filing	e than 90 days after filing.) Pursuant to 605,020 will not be listed a
cord specifies s filed.	a delayed effective date.	but not an effective	time, at 12:01 a.m. or	i the earlier of: (b) Th	e 90th day after the
ed <u>Ma</u>	y 5, ·	<u>806</u>	2/.		
(- Parice	a Say	unt		
6	Signati	ure of a member or audi	horized representative of	f a member	