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COVER LETTER

TO:	Registration Se Division of Cor						
611010	·	ILI CLEANIN	G COMPANY LLC				
SUBJE	<u></u>	Name of Lim	ited Liability Company				
The enc	closed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please i	return all correspo	ondence concerning this matter	to the following:				
	GILMA DALIA DURAN CHIRIGUAY						
			Name of Person				
			Firm/Company		<u> </u>		
		260 VI	NNINGS WAY BLVD, APT	3-307			
			Address				
		:	DESTIN, FLORIDA 32541				
			City/State and Zip Code				
			DALIA77@GMAIL.COM				
		E-mail address: (to be used for future annual repo	ort notification)			
For fart	ther information e	oncerning this matter, please c	all:				
GILMA	A DALIA DURA	N CHIRIGUAY	850 496-08	345			
	Name o	d Person		Daytime Telepho	one Number		
Enclose	ed is a check for t	he following amount:					
€ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclose		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Addr				
	Registration S Division of C		Registration Section Division of Corporations The Centre of Tallahassee				
	P.O. Box 632						
	Tallahassee,		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

DURAN 365 CLEANING COMPANY 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 filed on $\frac{07/08/2020}{}$ and assigned Florida document number ______L20000194728 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 11.1 CLEANING COMPANY 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: Emer Florida street address City 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>	<u>Address</u>	Type of Action
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ote: If the date inserted	han the date of filing: e date must be specific and c in this block does not mo on the Department of St	eet the applicable	ate of filing or more that statutory filing requ	(optional) in 90 days after filing.) I direments, this date w	Pursuant to 605,0207 (3)(h ill not be listed as the
ecord specifies a delayed is filed.	l effective date, but not a	in effective time,	at 12:01 a.m. on the	earlier of: (b) The	90th day after the
AUGUST 04		2021			
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Filing Fee: \$25.00