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PILED 2020 AUG 24 PH 2: 15 SECRETARY OF STATE SECRETARY OF STATE



COVER LETTER

TO: Registration So Division of Co	rporations		
SUBJECT: SY	NXKling Seas	Cleaning S ted Liability Company	ervices LLC
	Amendment and fee(s) are subr		
Please return all correspondent	ondence concerning this matter t	to the following:	
		DesMawn L Name of Person	
	Sparkling S	Seas Cleaning Firm/Company	Services LLC
	703 110th	Avc. N. Unit	<u>A</u>
	Naples Sparklings E-mail address.	FL 34108 1 City/State and Zip Code Sew Cleaning (a) (a) (b) be used for future annual report to	amail. Com
For further information	concerning this matter, please ca	ıll:	
Cameron L	uckett of Person	at (90) 356 Day	-500\ rtime Telephone Number
Enclosed is a check for t ☐ \$25.00 Filing Fee	he following amount: \$\Boxed{\subsets} \$30.00 \text{ 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)

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

FILED

2020 AUG 24 PM 2: 15 Sew Cleaning Services UC SECRETARY OF STATE Same of the Limited Liability Company as it now appears on our recordal LAHASSEE, FL (A Florida Limited Liability Company) Syar Kling Sew The Articles of Organization for this Limited Liability Company were filed on July 13, 2020 and assigned Florida document number <u>(2000 2016</u>74 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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.

City

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
MGR	<u>Cameron Deshawn</u> Luckett	703 110th Ave. N.	\
	Luckett	Unit A.	□Remove
		Unit A. Naples, FL 34108	□ Change
			□ Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
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			Change
			□ Add
			□Remove

Effective date. if other than the date of filing: (optional)					,				
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