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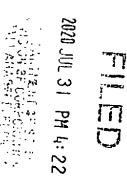
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COVER LETTER

:O:

O; Registration Se Division of Cor			
UBJECT:	dy Cleaning Name of Um	Services LLC ited Liability Company	·
he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	Dora	Jones Name of Person	
	Tidy Clear	ring Services LLC	<u> </u>
	2309 Ave	Address	
	Fort Pierc	City/State and Zip Code 349.	<i>5</i> 0
	Jones dova (990 GMA COM	n)
or further information c	oncerning this matter, please ca	all:	
Dora =	Jone de	at (772) 940 - 319	
Name o	f Person	Area Code Daytime Tele	phone Number
nclosed is a check for the	ne following amount:		
☑ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S		Registration Section	
Division of C P.O. Box 632	-	Division of Corporate The Centre of Tallah	
Tallahassee, l		2415 N. Monroe Str	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tidu Cleaning Service	0 <i>es</i>	LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it no Liability Co	w appears on o mpany)	ur records.)	020	
Γhe Articles of Organization for this Limited Liability Company	were file	1 on <u>J4</u>	<u> </u>	7020 and	assigned"
Florida document number <u>L 2000020 4283</u> .				35	
This amendment is submitted to amend the following:					PH 4: 22
A. If amending name, enter the new name of the limited liab	oility com	oanv here:			70
he new name must be distinguishable and contain the words "Limited Liabil	lity Compar	ny." the designa	tion "LLC" or	the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	_				
Principal office address MUST BE A STREET ADDRESS)					
				u	
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)				-	
Muning address MAT DE ATOM OFFICE DOIN				"-	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address o	n our record	ls, <u>enter the</u>	name of the	new registered
Name of New Registered Agent:					• •
New Registered Office Address:					
	ł	Inter Florida str	eet address		
	<u></u>		Florid	a	1.
New Registered Agent's Signature, if changing Registered Agent:	City			гір Сө	ae
hereby accept the appointment as registered agent and agroporovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act perform provided	ince of my d for in Chapt	uties, and I er 605, F.S.	am familiar . Or, if this de	with and ocument is

If Changing Registered Agent, Signature of New Registered Agent

f 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> Fitle</u>	<u>Name</u>	Address	Type of Action
<u>9MB</u> R	Dora Jones	2309 Ave E Fort Pierce, Fla. 31950	DXdd
		Fort Pierce. Fla. 34950	□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
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			🗆 Add
			□Remove
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			□Change

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n effecti <u>ite:</u> If i	late, if other than the date of filing:
ecord spirited.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
	07/27/ 2020
ted	$\frac{\sqrt{1/21}}{\sqrt{2000}}$
ited	Signature of a member or authorized representative of a member
ted	$\frac{07/27}{2020}$ Signature of a member or authorized representative of a member $\frac{1}{2020}$ Dora $\frac{1}{2020}$ Typed or printed name of signee