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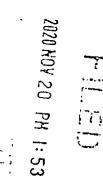
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COVER LETTER

ro: Registratio Division of	on Section Corporations		
SUBJECT:	Name of Li	AM Janitorial Seminted Liability Company	vices LLC
The enclosed Article	es of Amendment and fee(s) are st	abmitted for filing.	
Please return all corr	respondence concerning this matte	er to the following:	
		Name of Person Sacrifical Security	cos 1) (,
		Santonial Servi	05.92
	P.O. Box ?	35233 Address	
	St. Petuso	Gity/State and Zip Code UCC a mail . Con (to be used for faure annual report not	<u> </u>
	E-mail address	: (to be used for figure annual report not	ification)
For further informat	ion concerning this matter, please	-	
Justin 1	ame of Person	at (<u>727</u>) <u>307-</u> Area Code Daytin	1698 ne Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	ee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		S	

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

JHM Janitorial Se	rcies UC	_
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000213422</u> .	were filed on 7-21-20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
JM Holson LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation #1C."
Enter new principal offices address, if applicable:		920 NOV
(Principal office address MUST BE A STREET ADDRESS)		
		P []
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	Liner From an Sireer dadress	
	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,,	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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 = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Add
			□Remove : Change Change
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ctive date, if other than	the date of filing	= 9-14-	20		(optior	nal)
effective date is listed, the date e: If the date inserted in the	must be specific and	cannot be prior t	o date of filing o	or more than Iling requir	90 days after fi ements, this o	ling.) Pursuant to 66 late will not be li
ument's effective date on the	ne Department of St	ate's records.				
	ingina data but nata	in afficition tie	vo. at 12:01 a	m an the e	action of the	The 90th day of
	serive date, but not a	m effective th	ic, at 12,01 a.	m, on the c	arrier or. (o)	The 70th day ar
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tord specifies a delayed eff filed. ed <u>11-12-20</u>						

Filing Fee: \$25.00