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COVER LETTER

TO: Registration Section
Division of Corporations

elibirot.	UC QUALITY PAI	INTING & CLEANING LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
		CUC CHUB, LAHOMA	S			
		Name of Person	*			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company				
		75 SEMINOLE DR				
	D	Address EFUNIAK SPRING, FL 324	35			
		City/State and Zip Code				
		edfedestin@gmail.com				
	E-mail address; (to be used for future annual repo	ort notification)			
For further information	n concerning this matter, please c	all:				
*···	JB, LAHOMA S	850 at ()	737 7188			
Name	e of Person	Area Code	Daytime Telephone Number			
Enclosed is a check for	r the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	n Section Corporations	Street Addr Registration Division o				
P.O. Box 6. Tallahassee	327 :. FL 32314		e of Tallahassee Ionroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UC OUTTO DAINTING & OFFICIALIS

	•	HING & CLEANIN		
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited I	ny as it now appears Jability Company)	on our records.)	
The Articles of Organization for this Limited Li Florida document number	iability Company	were filed on	07/29/2020	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>·e</u> :	
UC CLEANING LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic Principal office address MUST BE A STREE		N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
3. If amending the registered agent and/or ragent and/or the new registered office address		address on our re	cords, <u>enter the nar</u>	ne of the new regist
Name of New Registered Agent:	7.77		<u></u>	
New Registered Office Address:	N/A			
		Enter Flori	da street address	
			, Florida	
	<u> </u>	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>	<u>Address</u>	Type of Action
			
			Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			☐Change
			□Add
			Remove
			☐ Change
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If an eff <u>Note:</u>	ve date, if other than the date of filing:
e recor rd is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed,
Dated	July 7 2022.
	Signature of a member or authorized representative of a member