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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	!

Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
COLUMN THE COURT	ss Cleaning LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Cynthia Miller		
		Name of Person	
	Great Works Cleaning LL	C	
		Firm/Company	
	6000 s Florida Ave unit 60	011	
	-	Address	
	Lakeland Florida 33807		
		City/State and Zip Code	
	greatworkscleaningllc@gm		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
Cynthia Miller		863 9344464 at ()	
Name e	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	Fallahassee be Street, Suite 810
Tallahassee,	L L JZJI+	±++⊃ (N. IVIOIII C	ic succi, suite 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Great Works Chaining LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Companion document number $\frac{1.20000239681}{1.00000239681}$.	y were filed on August 7,2020	and assigned
This amendment is submitted to amend the following:		
x. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	
		7 11 11
New Registered Office Address:	Enter Florida street address	1-04.0
	, Florid	a

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. Thereby 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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address Sing	Type of Action
AMBR	Carlton Miller	6000 s Florida ave unit 6011 Lakeland Fl 33807	= Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
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		·	□Remove
			Change

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Signature of a member or authorized representative of a member					
Signature of a member or authorized representative of a member	Carl Milla				
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