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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
CUDIFOT.	L20000493	58		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	i Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		BARBAR	A Y LAURENCIO MONTERO	
			Name of Person	
		BLM CI	LEANING SERVICES LLC	
			Firm/Company	
		5336 HA	WKS LANDING DR APT 106	
			Address	
		FORT	MYERS FL; 33907	
			City/State and Zip Code	
			RALAURENCIO.1971@GMAIL	
			o be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please ca	ill:	
BARBARA	Y. LAUREN	CIO MONTERO	786 227 3584	
	Name of	Person		ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	Filing Fee	□ \$30.00 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)
Reg	iling Addres gistration S	Section	Street Address: Registration So	ection
Div	vision of C	orporations	Division of Co	orporations
P.C). Box 632	1	The Centre of	LaHahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLM CLEANING SERVICES LLC

2320 St. -2 11: 7: 47

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) (Liability Company)
The Articles of Organization for this Limited Liability Companies of Organization for this Liability Companies of Organization for the Or	y were filed on AUGUST 14, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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 agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	emer r toriau street address
	, Florida

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 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> 2020 S.17 = 9 - A.11	7: 4.7 Type of Action
MGR	ENRIQUE LEON ARIAS	5336 HAWKS LADING DR APT 106	= Add
		FORT MYERS FL. 33907	□Remove
		·	□ Change
			🗆 Add
			□Remove
			□Change
		- 	□Remove
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	0.1/20/2020
Effective date, if other than the dat	te of filing:
Note: If the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be listed as the
e record specifies a delayed effective da rd is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2020
1/	2 0
	# S

Typed or printed name of signee