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OIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

RECEIVED

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OCT 1 9 2020

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: EXECUIT	IVE Capital Ger	INITY SERVICES LL	<u>.C</u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jennifer Gu	Name of Person	
		Firm/Company	
	1552 China	Grove trl	
	Tallahassee	City/State and Zip Code	<u> </u>
For further information co	E-mail address: () neerning this matter, please ca	to be used for future annual report not all:	ification)
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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)
Mailing Address Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection prporations	Street Address: Registration Sc Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Executive Capital Cleaning SerMices UC 100 17 5016: 29

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comparing Linear Liability Comparing Linear Liability Comparing Linear Liability Comparing Liability	•	UST 15,7020 and assigned	
	J		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the desig	nation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or registered office	ce address on our reco	rds, <u>enter the name of the new reg</u> ister	
<u>Name of New Registered Agent</u> :			<u>ed</u>
agent and/or the new registered office address here:	Enter Florida	street address	<u>ed</u>
<u>Name of New Registered Agent</u> :		, Florida	<u>red</u>
<u>Name of New Registered Agent</u> :			red
<u>Name of New Registered Agent</u> :	Enter Florida City	, Florida	<u>red</u>

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>	Address 2013 0 17 20100: 19	Type of Action
AMBR	Jennifer Girley		🗆 Add
			□Remove
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effective date is listed, the date must be specific a e: If the date inserted in this block does no	and cannot be prior to date t meet the applicable s	of filing or more that tatutory filing requ	n 90 days after filing.) Pu rements, this date wil	rsuant to 605,02 I not be listed
ument's effective date on the Department of		, , ,		
cord specifies a delayed effective date, but n filed.	iot an effective time, at	112:01 a.m. on the	earlier of: (b) The 90	Jth day after th
ed 0(+0/per 16,2020	_,			
a October 16,2020 Chemiler Hi				
Signature of	a member of authorized	representative of a m	ember	