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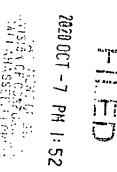
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Mailed 09/28/20 W/SASE

	Medical Office Cleaning Solutions, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Peter M. Feaman, Esq.
	Name of Person
	PETER M. FEAMAN, P.A.
	Firm/Company
	1880 North Congress Avenue, Suite 302
	Address
	Boynton Beach, FL 33426

For further information concerning this matter, please call:

Peter M. Feaman, Esq.	561	734-5552
	_ at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

TO:

Registration Section

□ \$30.00 Filing Fee & Certificate of Status

troth@feamanlaw.com

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

MEDICAL OFFICE CLEANING SOLUTIONS, LLC

(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 Con	npany were filed on	September 17, 2020	and assigned
Florida document number L20000293435			20
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability compan	y here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," t	the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>		
	<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 o	ffice address on o	ır records, enter the i	name of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Florida	1
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	<u>\gent:</u>		

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>	Address	Type of Action
MGR	Sanjeer Mohammed	10638 Versailles Boulevard	
		Wellington, FL 33449	■Remove
			Change
MGR	Sanjeev Sebastian Mohammed	10638 Versailles Boulevard	
		Wellington, FL 33449	
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Add
			□Remove
			□Change

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an effective date is listed, to the contract of the date inserted to the fact inserted to the contract of the	September 17, 2020 than the date of filing: (optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 In this block does not meet the applicable statutory filing requirements, this date will not be listed as e on the Department of State's records.
record specifies a delayo	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated September 28	2020
	Signature of a member or authorized representative of a member
Peter M. Fear	
- Citer ivi. i Cai	Typed or printed name of signee