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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	Oc Cleaning	g Services and Liability Company	LLC	
	mendment and fee(s) are subm			
Please return all correspond	dence concerning this matter t	o the following:		
	Bandull	QUPSQINU Name of Person		
	QC clear	Tim/Company	es LLC	
	3409 Lau	vn tennis ()r	
	Jucksonville	Floriola 3 City/State and Zip Code	2277	
	E-mail address: (t	ngservicesLLC o be used for future annual re	port notification)	<u>(0</u> M
For further information con	ncerning this matter, please ca	ill:		
Ranglall Que	Person	at (<u>904</u>) Area Code	330 854 Daytime 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 enclo	sed) Co	0.00 Filing Fee. ertificate of Status & ertified Copy Iditional copy is enclosed)
Mailing Address		Street Add	Iress:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

XC Cleaning Se	ervices LLC
(A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $10-13-2020$ and assigned
Florida document number <u>L 2<i>0 00</i> 0 3 2 4 2</u>	98
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
	F. 8 3
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	23
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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
AMBR	Rondall Quesado	3409Lowntennis Dr Sux Fl	.32277 DAdd
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ective date, if other the reflective date is listed, the term of the term of the date inserted in the term of the	e date must be specific a in this block does no	and cannot be prior to d timeet the applicable	ate of filing or more than	90 days after filing.) Pursu	
cord specifies a delayed s filed.	l effective date, but n	ot an effective time.	at 12:01 a.m. on the c	arlier of: (b) The 90th	day after the
ed <u>OCTO ber</u>	- 26	. 2020			
ed <u>NC TO bP</u>	Manda Signature of	a member or authorize	d representative of a me	mber	