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2021 NOV -2 AM 9: 10 SECRETARY OF STATE

## **COVER LETTER**

	gistration Sect ision of Corpo					
SUBJECT:	\	stra	Salution Name of Limit	S LLC ed Liability Company		
The enclosed	f Articles of A	mendment an	d fee(s) are subn	nitted for filing.		
Please return	all correspond	lence conceri	ning this matter to	the following:		
			•	Name of Person		
			Vestra	Solution Company	ons UC.	
			115 W	28th St	A7+9	·
			H.alec	h FL City State and Zip Co	3301C	
			Vane 1-mail addiess, tio	h 10@ Gr	nail Com	nı
For further in	aformation cor	cerning this	matter, please cal	II:		
<u>/</u> :	Anels Name of I	Sucre 'erson	<u> </u>	at ( 786_) Area Code	416 15 Daytime Telep	5 1 5 phone Number
Enclosed is a	check for the	following an	wunt:			
□ \$25,00 }	filing Fee	□ \$30,00 F Certific	iling Fee & ate of Status	S55,00 Filing F Certified Copy radditional copy is		S60,00 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

Vestru	Solutions UC	
( <u>Name of the Limite</u> (.	d Liability Company as it now appears on o A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Lia Florida document number <u>L2000633 I</u> S	ability Company were filed on10_  8177	3-0 3-0 and assigned
This amendment is submitted to amend the follo-	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Vestros Cleaning The new name must be distinguishable and contain the will	Solutions UC	
The new name must be distinguishable and contain the will	ords "Limited Liability Company," the designa	ion "IAC" or the abbreviation "LA C"
Enter new principal offices address, if applica	ıble:	
( <u>Principal office address MUST BE A STREE)</u>	<u>[ADDRESS]</u>	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE B</u> B. If amending the registered agent and/or re	egistered office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter I lovida su	ver address
		Florida Zip Code
You David and Amer's Simonous (Fabouries D		
New Registered Agent's Signature, if changing Real Phereby accept the appointment as registered provisions of all statutes relative to the propeducept the obligations of my position as regisheing filed to merely reflect a change in the recompany has been notified in writing of this elements.	l agent and agree to act in this capae or and complete performance of my a acred agent as provided for in Chapt egistered office address. I hereby co	uties, and Lam Jamilia <del>r w</del> ith and er 605, F.S. Or, if-this Algum <del>en</del> is
	If Changing Dagistaged Agent S	anature of Nan Dagistoral Agant

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
			TiRemove
			T]Change
			TJAdd
			TRemove
			[]Change
			TiAdd
			DRemove
			JAdd
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ffective date, if other than effective date is listed, the oter. If the date inserted in scument's effective date or	date must be specific and tahis block does not t	d cannot be prior to date meet the applicable st	of filing or more than 96	(optional) ) days after filing.) Pursuant to ments, this date will not be	605.0207 ( listed as t
record specifies a delayed ( Lis filed.	effective date, but no	t an effective time, at	12:01 a.m. on the ear	lier of: (b) The 90th day :	after the
ated <u>Ctobes</u>	13	2031			
		(-1-A-)			
		(// /			
	Signature of a	member or authorized i	representative of a memb	201	•

Filing Fee: \$25.00