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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fresh Place Cleaning LLC 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:
David Monsalve Name of Person
Fresh Place Cleaning LLC Firm/Company
6700 NW 186 STREET #420 Address
M. Am. LAKES FL 33015 City/State and Zip Code
E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (934) 665-9499 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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 CONTROLLING OF

The Articles of Organization for this Limited Liability Companys were filed on	C -	21 JUN 21 MIN: 41
The Articles of Organization for this Limited Liability Company were filed on	Fresh Place Cleaning	cll
The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability Compa (A Florida Limited L	n <u>Nas it now appears on our records.</u>) Lability Company)
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered Agent: New Registered Office Address:		_
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Name of New Registered Agent: New Registered Office Address:	· · ·	MA
New Registered Office Address: Enter Florida vireet andress	agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
	New Registered Office 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 Address JUN 21 AM 10: 48 Type of Action **Title** <u>Name</u> MGR Monsalve, Luis G 10110 Acorn LANE DANG PEMBROKE PINES, FL, 33026 Demove ☐ Change □Add □ Change \square Add □Remove □ Change □Add Remove \square Add □Remove □ Change □ Remove

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D. If ame	ending any other information, enter change(s) here: (Attach-additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
record is fil	
Dated	JUNE 16th , 2021.
	Signature of a member or authorized representative of a member
	David Monsalve
	David IVI ONSAIVE

Filing Fee: \$25.00

Typed or printed name of signee