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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALRON ENTERPRISES, INC.

Account Number : I20000000113 Phone : (321)951-7626 Fax Number : (321)723-8218

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HALEYS COMMET CARPET CLEANING, LLC

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COVER LETTER

TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: HALEY'S COMET CARPET CLEANING, LLC

DOCUMENT NUMBER: L21000161643

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenni Johnson Alron Corps, Inc. 3990 Minton Rd Melbourne, FL 32904

Email address to be used for future annual report notification: haleyscometcc@gmail.com

For further information concerning this matter, please call:

Jenni Johnson at 321-951-7626

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Haley's Commet Carpet Cleaning, LLC

Document ID: L21000161643 Articles of Organization File Date: April 7, 2021

Pu	rsuant to the provision of	section 605.0202, Florida Statutes,	this Florida limited liability	
coi	npany adopts the followin	ng articles of amendment to its artic	les of organization:	
Th	is Amendment is submitte	ed to Amend the following:		
A:	If amending name, enter Haley's Comet Carpet	the new name of the limited liabilit	ty company:	
		ee address, if applicable: N/A	21	
	Enter new mailing addre	ss, if applicable: N/A	APR 2	
В:	Enter new mailing address, if applicable: N/A If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered agent office address:			
	Name of New Registered	Agent: N/A	06 08 08 08 08 08 08 08	
	New Registered Agent Office Address: N/A			
	New Registered Agent's Signature: I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and coperformance of my duties, and I am familiar with and accept the obligations of my posas registered agent as provided for in Chapter 605, F.S. Or, if this document is being merely reflect a change in the registered office address, I hereby confirm that the limit liability company has been notified in writing of this change.			
Signature of New Registered Agent, if changing				
C: If amending Authorized Person(s) authorized to manage, enter the title, name, address of each person being added or removed from our records:				
	1.) _X_ change add remove	Name: Gregory B. Whiten Title Address: 1325 Unter Avenue NV		
	2.) change _X_ add	Name: Alicia Stumera Titi Address: 1325 Unter Avenue NV	le: MGR V Palm Bay, FL 32907	

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D: If amending any other information or adding additional Articles, enter here:

N/A

E: Effective Date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 4/29/2021

Signature

regory B. Whiten, Managing-Member