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	To:	Division of Corporations Fax Number : (850)617-6383	2021	JIVIŠ
PM 2: 56	From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 mail address for this business entity to be used for future report mailings. Enter only one email address please.**	10CT 13 AM 10: 17	CRCTARY OF STATE
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRIFFIN CLASSIC CLEANING SERVICES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Griffin Classic cleaning services 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 Company were filed on 04/14/21Florida document number <u>L</u>21000172836 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." 201 W 12TH ST Enter new principal offices address, if applicable: APOPKA, FL 32703 (Principal office address MUST BE A STREET ADDRESS) 201 W 12TH ST Enter new mailing address, if applicable: APOPKA, FL 32703 (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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

Title	Name	Address	Type of Action
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Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Fulsions [1] If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.	be listed	d as
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th diffiled.	ay after	the
Date	October 13 2021		

Typed or printed name of signee