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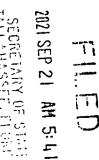
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Office Use Only



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COVER LETTER

TO: Registration Division of C			
	EARING AND SANITATION	LLC	
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles (of Amendment and fec(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JORGE E TRIVELLA BI	EAMUD	
		Name of Person	
	ECO CLEANING AND S	SANITATION LLC	
		Firm/Company	·
	5605 MAUNA LOA BLV	D UNIT 202	
		Address	
	SARASOTA, FL 34240		
		City/State and Zip Code	
	JESUS@ZASZACCOUNT	ING.COM to be used for future annual report notifi	-
For further information	concerning this matter, please c	·	(Catt()II)
JORGE E TRIVELLA	BEAMUD	786 329-1324	
Name	of Person	at () Area Code 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 enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations dlahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2021 SEP 21 AM 5: 41

ECO CLEANING AND SANITATION LLC

SECRETARY OF STATE

(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 Li	ability Company	were filed on $\frac{04/21/20}{}$	21	_ and assigned
Florida document number 1.21000185763				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designat	ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office :	address on our record	s, enter the name o	f the new registered
Name of New Registered Agent:	JORGE E TRI	VELLA BEAMUD		
New Registered Office Address:		Enter Florida str	eet address	
			Florida	
New Registered Agent's Signature, if changing Is	Revistered Agent:			Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this secondary.	d agent and agr er and complete stered agent as p registered office	ee to act in this capac performance of my d provided for in Chapt	uties, and I am fan er 605, F.S. Or, if i	uiliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	JORGE E TRIVELLA BEAMUD	5605 MAUNA LOA BLVD UNIT 202	
		SARASOTA, FL 34240	□Remove
			□ Change
MGR	MARIO J TRIVELLA	5605 MAUNA LOA BLVD UNIT 202	🗆 Add
		SARASOTA, FL 34240	≡ Remove
	_		□ Change
			□ Add
			□Remove
			□ Change
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cord specifies a delayed effective stilled.	date, but not an effective tim	e, at 12:01 a.m. on the ea	rlier of: (h) The 90th day afte	r the
ed SEPTEMBER 3	2021	<u>.</u> •		
	1/1/16	zed representative of a mem		