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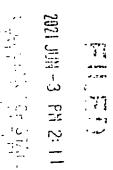
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

SUBJECT: A & CS CLEANING SERVICE 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:
Millan A. Baca Secrano Name of Person
Firm/Company  Firm/Company
Address  Hounes City F1 33844  City/State and Zip Code
E-maildddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mulan Angelica Baca at (40) 4334937  Name of Person Serrano Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified to Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $4999999999999999999999999999999999999$	
Florida document number 12-1000 188588		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the whole "Limited Liabil	Maintenance Service LLi lity Company," the designation "LLC" or the abbreviation "L.L.C."	<u>C</u>
Enter new principal offices address, if applicable:	209 Kentucky St	
(Principal office address MUST BE A STREET ADDRESS)	Heunes City, 19=33841	<u> </u>
	<u></u>	_
Enter new mailing address, if applicable:	PH 2	
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regist	– terec
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	_
	City Zip Code	-

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
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neffective date is listed, te: If the date inserte	er than the date of fili , the date must be specific a ed in this block does no nte on the Department o	and cannot be prior to at meet the applical	o date of filing or mol ble statutory filing	optio e than 90 days after requirements, this	filing.) P	ursuant to ili not be	605.020 listed a
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Filing Fee: \$25.00