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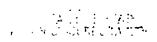
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE KLEANLY GROWP 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:
KARIM A. KURE Name of Person
THE KLEANLY GROWP LLC
78915. SOLITHWOOD CIRCLE
DAVIE FL 33328
City/State and Zip Code Karim. A. Kure @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KARIMA. KINZE at (954) 673 - 8675 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 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



THE KLEANLY GROUP LLC

21 JUN - | AMII: 00

The Articles of Organization for this Limited Liability Company were filed on MAY 18th 2021 and assigned Florida document number __ L21000230191 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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:

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Filing Fee: \$25.00