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COVER LETTER

TO: Registration Section **Division of Corporations**

Suarez Exterior Cleaning LLC

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

Please return all correspondence concerning this matter to the following:

•	Gustavo						
		Name of Person					
	Svarez E	xterior Cleaning Firm/Company	LLC				
		Firm/Company					
	2531 2203	Avu NE Address					
		Address					
	Madiu. Fl	34126 City/State and Zip Code					
		City/State and Zip Code					
	Suarez exterio	Cleaning @3mail-c	om report notification)				
For further information cor	icerning this matter, please c						
Gustavo Suar	-e-2	at (<u>239</u>)	384-2as	١			
Gustavo Suarez Name of Person		Area Code	Daytime Telepho	one Number			
Enclosed is a check for the	following amount:						
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address:		Street Ac					
Registration Sc		Registration Section					

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 AUG -2 AH H: 13

Sugrez Exterior C	leaning LLC	
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L2\00032042	Company were filed on	14" 10" and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	City	Florida Zip Code
	City	z.p v.oac

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 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:

A state of the second

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address 21 AUG -2 AM 11: 13	ype of Action
MGR	Gustavo Svarez	2531 22-10 Ave NE Nagles, FL 34120	⊠Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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recor d is fi	rd specifies a d led.	lelayed effe	ctive date, b	out not a	in effectiv	ve time, a	t 12:01 a.	m. on the	earlie	r of: (b)	The 90t	h day afte	r the
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Aneu		<u> </u>	Signatur	re of a m	ember or a	uthorized	representa	tive of a n	ember				

Filing Fee: \$25.00