Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BELBY CLEANING SERVICES LLC

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S. PRATHER

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TO:

Registration Section

From: Sylvia Paull

COVER LETTER

Name of Limi mendment and fee(s) are sub- dence concerning this matter t		
Cheyenne Moseley		
	Name of Person	
Legalzoom.com, Inc.		
	Firm/Company	-
101 N Brand Blvd 11th Fl		
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MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELBY CLEANING SERVICES LLC		> ros
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records,) Liability Company)	21 SE
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000351583</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab		Pd7 AHIO: 19 Pdassigned7 AHIO: 19 And STATE AN
A. I antending mane, cover any new mane or ever mines one		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L L.C."
Enter new principal offices address, if applicable:	2465 S US HWY 1	
(Principal office address MUST BE A STREET ADDRESS)	St Augustine, FL 32086	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2465 S US HWY 1 St Augustine, FL 32086	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:	•••	
New Registered Office Address:		
	Enter Florida street address	
<u></u>	Flori	
	Cuy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Page, 4 of 6

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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

From: Sylvia Paull

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

To: +18506176383

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROBIN BELMONT	2465 S US HWY 1 St Augustine, FL 32086	
			☐ Remove
			■ Change
			□ Add
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The 90th day after the record				
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ROBEN BELMONT		nthorized representative o	fa member	

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