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COVER LETTER

TO.

Registration Section

Division of Corpo	orations		
SUBJECT: CLE	AN & GIN FINE	SERVICES LIC	
	Name of Lim	SERVICES LLC	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	BLAKE	SHIRA Name of Person	
		Firm/Company	
	ZZ MAD	0150 N ST. Address	
	VENUS, F	City/State and Zip Code .	
	E-mail address: (124 @ GMAN. Co	ification)
For further information con	cerning this matter, please ea	a)l:	
BLAKE SI	-LIRA Person	at (941) 769 - Daytim	O Z T L ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25,00 Filing Fee	2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (#dditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Se Division of Co		<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 6327 Tallahassee, FI		The Centre of T	•
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 8-11-2621 and assigned
Florida document number <u>LZ1000362110</u> .	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22 MADISON ST
(Principal office address MUST BE A STREET ADDRESS)	VENUS FL 339LD
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			∃Add
			□Remove
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