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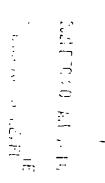
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A. BUTLER

JAN - 8 2022

COVER LETTER

TO: Registration Section Division of Corpora			, .
SUBJECT: Dee &	LIZ Clear Name of Lin	nited Liability Company	"LLC"
The enclosed Articles of Amer	ndment and fee(s) are sub	omitted for filing.	
Please return all corresponden-	ce concerning this matter	to the following:	
[=lizabeth l	M Harshman Name of Person	
I	Dee & Liz	Cleaning Service	· ·LLC
_	6 Rainste	one Lane Address	
_	Palm Co	25+, FL 3216 City/State and Zip Code	9 4
2	1.20beth. E-mail address:	harshman @ an	nail. CoM fication)
For further information concer	ning this matter, please c	all:	
EliZabeth MH(Name of Perso	ir 5hman	at (301) 748- Area Code Daytim	0447 e Telephone Number
Enclosed is a check for the foll	_		
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Dee + Liz Cleani		and restricts
(A Florida	ty Company as it now appears of Limited Liability Company)	Total Control of the
riorida document number	company were filed on 9	$\frac{23}{302}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	;
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDR	(ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our reco	rds, 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
		, 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 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:

The state of the s

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGB	Elizabeth M Harshman		□Add
		6 Rainstone Lone Palm Coast, FL 32164	A Remove
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`an efi <u>iote:</u>	ive date, if other than the date of filing: [ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
recor is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	December 14, 2021
	Elizatth It Harshman Signature of a member or authorized representative of a member
	organisate of a memory of audiorized representative of a memory
	Elizabeth M Harshman