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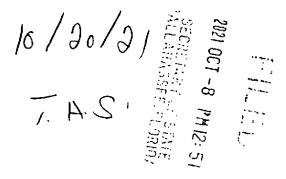
(Requestor's Name)
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(Business Entity Name)
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(Document Number)
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## **COVER LETTER**

TO: Registration So Division of Cor						
	LEANING ENTERPRISES LI	,(·				
SUBJECT:	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ALVARO ORTEGA					
		Name of Person				
	10X MULTISOLUTIONS	;				
		Firm/Company				
	1983 S MHJTARY TRAI	L.				
		Address				
	WEST PALM BEACH, F	L 33415				
		City/State and Zip Code				
	info@10xmultisolutions.co	m to be used for future annual report not				
For further information of	concerning this matter, please c		one anon)			
ALVARO ORTEGA		561 310-5570				
Name (	of Person	at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$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 Addre		Street Address:	ection			
Registration Division of C		Registration Section Division of Corporations				
P.O. Box 63.	27	The Centre of	Tallahassee			
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULTRA CLEANING ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/27/2021}{1}$ and assigned Florida document number  $\frac{1.21000424725}{1.21000424725}$ 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 "L.L.C." 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.

City

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
AMBR	PERDOMO ARANDA, JORGE LUIS	2200 SPRINGDALE BLVD. APT 208	□Add
		PALM SPRINGS, FL 33461	■Remove
			□Change
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			2021 BCT -B
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an effective date is lote: If the date	inserted in thi	is block does r	ot meet the	applicable sta	tutory filing i	equirements.	this date wi	I not be listed	Las t
ocument's effect	ive date on th	e Department	of State 5 re	coras.					
record specifies. Lis filed.	a delayed effe	ctive date, but	not an effec	rtive time, at 1	2:01 a.m. on	the earlier of:	(b) The 9	0th day after	lhe
October	4th	Λ	2021	$\wedge$					
ated		1):	An						

Typed or printed name of signee