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COVER LETTER

CO: Registration Section Division of Corporations		
SUBJECT: AEM THECOX	Classics Id.C.	
Nan	Cleans LLC ne of Limited Liability Company	
he enclosed Articles of Amendment and fee(s)	are submitted for filing.	
lease return all correspondence concerning this	s matter to the following:	
$A _{e_{\infty}}$	Manning Name of Person	
		m)
	Firm/Company	1022 Ju
105	Country living circle	2022 JUN 24 AM 10: 44
Metro	Se, FL 32666 City/State and Zip Code	
Luc Kc U E-mail a	e C Live Comaddress: (to be used for future annual report notific	·
or further information concerning this matter,	please call;	
Alex Manning Name of Person	at (<u>380</u>) <u>546-</u> Area Code Daytime	2207 Telephone Number
Enclosed is a check for the following amount:		
□ \$30.00 Filing Fee □ \$30.00 Filing Fe Certificate of S	<u> </u>	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	
Registration Section	Registration Sect	

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

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on the classification in the company of the classification in the c	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000440695</u> .	were filed on <u>(6/</u> 0	8/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Maid & Butler LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	ation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	105 Coun	try Living Circle & TI
(Principal office address MUST BE A STREET ADDRESS)	Melrose, F	- 3264€ ≥ N
Enter new mailing address, if applicable:	_105 Cowntr	Ty Living Civille E
(Mailing address MAY BE A POST OFFICE BOX)	Melrox, FL	32666
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	enddress on our record	
	ismer rumina sir	eer war ess
	City	, Florida Zio Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my a provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
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	ate, if other than the date of filing: date is listed, the date must be specific and cannot be a date inserted in this block does not meet the a	prior to date of filing or m pplicable statutory filin		ng.) Pursuant i		
(If an effective Note: If the	effective date on the Department of State's rec	ords.				
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Filing Fee: \$25.00