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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT:	SAL TUU Name of Limi	DETS LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	, and the second		
		Diwa Rina Name of Person	<i>J</i>
	<u>5A</u>	TUWEVS (UV	nmercial Cleaning
	132 N A	Theyley RD Address	P I 2021 NOV I SECRETA
	- SCUNT Forresd	AVAUSTIUF City/State and Zip Code 6040 a Mail. o be used for futyre annual report notifi	1 23/09/2 E
			cation)
For further information co	oncerning this matter, please ca	uit:	1
Name of	I Person	at ()Y	7 / A Telephone Number
(viaire of		, 	
Enclosed is a check for th	ne following amount:		
	☐ \$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 Addres		<u>Street Address:</u>	
Registration S		Registration Sec	
Division of C P.O. Box 632	-	Division of Corp The Centre of Ta	
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	vers LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) itability Company)
The Articles of Organization for this Limited Liability Company Florida document number 47893.	were filed on NOV 3, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabiles of the limited liabiles of the limited liabiles. SALTOWERS COM The new name must be distinguishable and contain the words "Limited Liabiles."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECS TALL AND AS
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	n/A
New Registered Office Address:	N / A 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 by removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
HVS AMBR	Diana Ringo		□Add
,,,,,,,,	,		□ Remove
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