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A. BUTLER MAR 14 2022

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	B Duct Cleaning	ng LLC	
	Name of Lim	ited Liability Company	
	mendment and fee(s) are sub-	<u>-</u>	
	Shane	Rodriguez Name of Person	
		Name of Person UCT (leaning LLC) Firm/Company	
		He Farms Boad Address	
		Ja Florida 33 City/State and Zip Code	
		z 580, gmail. (om to be used for future annual report noti	
For further information con	ncerning this matter, please ca	all:	
Shane B Name of	edriguez Person	at (239) 739 - Area Code Daytim	-5154 ne Telephone Number
Enclosed is a check for the	e following amount:		
₩ \$25.00 Filing Fee	S30.00 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 Registration So Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Se Division of Cor The Centre of T	rporations
Tallahassec, F.			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED .

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w	and the second of the contract
Florida document number L 2200 6000 171	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	
The new name must be distinguishable and contain the words "Limited Liability	Gompany," the designation "LLC" or the abbreviation "L.E.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 ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Numa of Novy Dagistand Assets	
Name of New Registered Agent:	
New Registered Office Address:	Enter Morida street address
	, Florida
	Cir. Zip 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 p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
		/	□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
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