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SECRETARY OF STATE
TALL SHASS SEE FEE

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Boswell C	learing Services	Lic	
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	N;	Ukling Baswell Name of Person		
	3 Bus	Swell's Cleaning Firm/Company	Service	
		Address Address City/State and Zip Code	7 # 1067 - 7363	
	E-mail address: (to be used for future annual	majl.(2m report notification)	
For further information of	oncerning this matter, please ca			
Name o	oy Buswell Person	at (331) C	Daytime Telephone Number	_
Enclosed is a check for the	he following amount:	□ \$55.00 Filing Fee &		ee.
	Certificate of Status	Certified Copy (additional copy is enc	Certificate of S losed) Certified Copy (additional copy is	,
Mailing Addres		Street Ad	ldress:	
Registration S			ntion Section	
Division of C			n of Corporations	
P.O. Box 632	7	The Cer	ntre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Boswell Cleaning Serv	VICES L 12022 MAR -1 AH 7: 30
(<u>Name of the Limited LiabiHty Comp.</u> (A Florida Limited	Any as it now appears on our records.) STATE Tiability Company FURE TAIL AHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	Service LLC
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1235 Providence Blud R#1067
(Principal office address MUST BE A STREET ADDRESS)	Deltona, FL 32725-7363
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1235 Providence Blvd R#1067 Deltona, FL 37725-7363
B. If amending the registered agent and/or registered office 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:	
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.

MGR = M AMBR = A	lanager uthorized Member	NA	
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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· ·	ve date, if other than the date of filing: (optional)
on erre	ctive 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 (f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t nt's effective date on the Department of State's records.
record d is file	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 d.
ated _	N/A.
	Signature of a member or authorized representative of a member