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Office Use Only

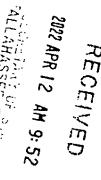


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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	W	ALK IN			
PICK	CUP:	04//2022			
CERTIFIED COPY					
РНОТОСОРУ					
CUS				····	
FILING	LLC A	MENDMENT			
EJS DRYER VENT & (CORPORATE NAME AND DOCUM	WINDO MENT #)	W CLEANIN	G, LLC		
(CORPORATE NAME AND DOCUM	AENT #)			<u>.</u>	
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	CERTIFIED COPY PHOTOCOPY CUS FILING EJS DRYER VENT 8 (CORPORATE NAME AND DOCUM	PICK UP: CERTIFIED COPY PHOTOCOPY CUS FILING LLC A EJS DRYER VENT & WINDO (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	CERTIFIED COPY PHOTOCOPY CUS FILING LLC AMENDMENT EJS DRYER VENT & WINDOW CLEANIN (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	CERTIFIED COPY PHOTOCOPY CUS FILING LLC AMENDMENT EJS DRYER VENT & WINDOW CLEANING, LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	CERTIFIED COPY PHOTOCOPY CUS FILING LLC AMENDMENT EJS DRYER VENT & WINDOW CLEANING, LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EJS DRYER VENT & WINDOW CLEANING, 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 03/07/2022	and assigned	
Florida document number L22000094555			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	13631 EAGLE RIDGE DRIVE		
(Principal office address MUST BE A STREET ADDRESS)	UNIT #217		
	FORT MEYERS FL 33912		
Enter new mailing address, if applicable:	13631 EAGLE RIDGE DRIVE		
(Mailing address MAY BE A POST OFFICE BOX)	UNIT #217		
(Mailing address MAY BE A POST OFFICE BOX)	FORT MEYERS FL 33912		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the r	name of the new registered	
	Enter Florida street address		
<u></u>	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further performance of my duties, and I a	agree to comply with the im 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 or removed from our records:

·MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			🗆 Change
			□ Add
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			□Remove
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If amending any other informa	tion, enter change(s) here: (Attach addit	ionai sneets, if necessary.)
		
		
		
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f an effective date is listed, the date mu	lock does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.0207 (ing requirements, this date will not be listed as t
record specifies a delayed effecti d is filed.	e date, but not an effective time, at 12:01 a.m	. on the earlier of: (b) The 90th day after the
Dated APRIL 11	2022	
Emilio)	Signature of a member or authorized representative	ve of a member
EMILIO J. SCROBE	Typed or printed name of signee	

Filing Fee: \$25.00