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## **COVER LETTER**

	Registration So Division of Co		<b>,</b>		
·		AL CLEANING AND RESTO	RATION MANAGEMENT LLC		
SUBJEC	T:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub ondence concerning this matter			
		GEORGE S PETTIGREW			
			Name of Person		
		UNIVERSAL CLEANING	G AND RESTORATION MANAC	GEMENT LLC	
			Firm/Company		
475 S CENTRAL AVE., APT A					
			Address		
		BARTOW, FL 33830			
			City/State and Zip Code		
		gspettigrew@gmail.com			
		E-mail address: (	to be used for future annual report not	ification)	
For furth	er information o	concerning this matter, please ea	all:		
GEORG	ES PETTIGRE	w	813 5351084 at ( )		
	Name (	of Person	Area Code Daytin	ne Telephone Number	
Enclosed	is a check for t	he following amount:			
i \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addre		Street Address:		
	Registration : Division of C		Registration Se Division of Co		
	P.O. Box 632		The Centre of	•	
	Tallahassee,			be Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Florida document number 1.22000095467	EBRUARY 22, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	ა 0
Enter new mailing address, if applicable:	15 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -
· · · · · · · · · · · · · · · · · · ·	<del>-</del>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our i	records, <u>enter the name of the new register</u>
agent and/or the new registered office address here:  Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	
Name of New Registered Agent:  New Registered Office Address:	orida street address
Name of New Registered Agent:  New Registered Office Address:  Enter Flo	
Name of New Registered Agent:  New Registered Office Address:  Enter Flo	orida street address, Florida Zip Code
Name of New Registered Agent:  New Registered Office Address:  Enter Flo	

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
MGR	CASSANDRA RODRIQUEZ	1050 GOLFVIEW AVE., APT-908 BARTOW, F	□Add
			Remove
			□Change
MGR	KIAMEBEA S.D. CHARRIEKAN	540 DOROTHY ST BARTOW, FL 33830	<b>≣</b> ∧dd
			Remove
		·	Change
			□Add
			∵ □ Remove
			□Add
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			□ Change
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			□Change
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			MARCH	30-2022			
effectiv	date, if other the	late must be specific	iling: c and cannot be pri	or to date of filing	or more than 90 day	( <b>optional)</b> ys after filing.) Po	irsuant to 605.02
	he date inserted in 's effective date or				filing requiremen	ts, this date wi	ll not be listed
cord sp s filed.	occifies a delayed o	offective date, but	t not an effective	time, at 12:01 a	i.m. on the earlier	of: (b) The 9	0th day after th
MA	ARCH 30, 2022		,				
				<del>-</del>	<i>.</i>		
				<del></del>			
		Signature	of a member or an	morized represent	ative of a member		