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COVER LETTER

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TO:	Registration Sec Division of Corp			
SUBJE	CT: MRS SH	IINE CLEANING & ORC	SANIZING	
			ited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		KEVIN I	MCCAFFREY Name of Person	
		MRS SE	HINE CLEANING & ORGA Firm/Company	NIZING
		33102 \	WHISPER POINTE DRIVE	
		WESLE	Y CHAPEL FLORIDA 3354 City/State and Zip Code	45
		KBMCC E-mail address: (AFFREY52@GMAIL.COM to be used for future annual report to	otification)
For furt	her information cor	ncerning this matter, please co	all:	
KEV	N MCCAFFRE	_ 	at (<u>863</u>) 399-05	
	Name of I	erson	Area Code Days	time Telephone Number
Enciose	d is a check for the	following amount:		
№ \$25	.00 Filing Fec	☐ \$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 Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	Section Corporations f Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MRS SHINE CLEANING & ORGANIZING	
(Name of the Limited Liability Company as it r (A Florida Limited Liability)	ow appears on our records.)
William Samuel Samuel	Ciripany /
The Articles of Organization for this Limited Liability Company were fi	led onMARCH 31, 2022 and assigned
Florida document number <u>L22000155454</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
MRS SHINE CLEANING & ORGANIZING LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.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 address	on our records, enter the name of the new registered
agent and/or the new registered office address here:	₩ 2
	850 ALL
Name of New Registered Agent:	<u>}</u>
New Registered Office Address:	6 ω F
New Registered Office Address.	Enter Florida street address
City	, Florida Code
New Registered Agent's Signature, if changing Registered Agent:	37

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DAdd
			□Remove
			□Add
			□Remove
			□Change
			□Add
			CRemove
			FiChange

Page 2 of 3

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effect <u>Note:</u> If	date, if other than the date of filing:
he recoi The 9	of specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 0th day after the record is filed.
Dated	October 20 2022 Signature of a member or authorized textresentative of a member
	VEVIN MCCAEEDEV
	KEVIN MCCAFFREY Typed or printed name of signee

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Filing Fee: \$25.00