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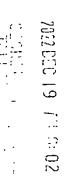
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# **COVER LETTER**

TO:	Registration Se Division of Cor		, 6	• •			
	ASAP EPH	RAIM CLEANING SERVICE	E .	•			
SUBJE	CT:	Name of Lin	nited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please 1	return all correspo	ndence concerning this matter	to the following:				
		ERVIN L.WATSON					
		<del></del>	Name of Person				
		ASAP EPHRAIM CLEAN	NING SERVICES LLC				
			Firm/Company	~			
			Address				
HALLANDALE, FLORIDA 33009							
			City/State and Zip Code				
		KINGWATSON010@GM.		<u> </u>			
г. г.			to be used for future annual report notification	. (			
		oncerning this matter, please c					
ERVIN WATSON			954 954 274 6062 at ()				
	Name of	f Person	Area Code Daytime Telep	phone Number			
Enclose	ed is a check for th	ne following amount:					
<b>■ \$25</b>	5,00 Filing Fee	☐ \$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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### ASAP EPHRAIMCLEANING SERVICES 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 APRIL 4 2022 and assigned Florida document number L22000159270 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: ERVIN L WATSON Name of New Registered Agent: 728 NW 3RD COURT SUITE 3 New Registered Office Address: Enter Florida street address HALLANDALE \_, Florida <u>33009</u> Cire

#### 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.

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>	Name	Address	Type of Action
CEO	ERVIN WATSON	728 NW 3RD. COURT SUITE 3 HALLANDALI	E.FL.: 
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			□Remove
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			Remove
			Add → Add
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ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department.	does not meet the applica	o date of filing or more ble statutory filing re	(optional) than 90 days after filing.) F quirements, this date w	Pursuant to 605.02 ill not be listed
ord specifies a delayed effective d	ate, but not an effective tir	ne, at 12:01 a.m. on t	he earlier of: (b) The	90th day after th
d DECEMBER 9	2022	_·		
<b>&gt;</b>	( / / ? /	Sento		

Filing Fee: \$25.00