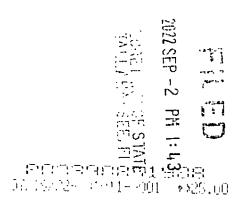
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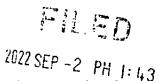
COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Samuel Properties	DFCSSIDOGI Cledited Liability Company	aning Solutions LL
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	Samuel profe	SSIDNAL CLANING	Solutions LLC
	7901 4th s	St N Stc 300	8
	St. peters	City/State and Zip Code Camuel DCS@ Control to be used for future annual report notice	702
	CONTA CA . S E-mail address: (amuel ocs@cn	nail com
For further information	concerning this matter, please c	all:	
Isabella Name	of Person	at (32) 27	2-5461 e Telephone Number
Enclosed is a check for t	the following amount:		
(b) \$25.00 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 Addre	ss:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Samuel Profession (Name of the Limited Liab) (A Flori	ility Company as it now appears on o	LUTIONS LLC ur records AHL STATE
The Articles of Organization for this Limited Liability	Company were filed on 412	-8/22 and assigned
Florida document number <u>L22005203</u>	<u> 32</u> 99	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	City	, Florida 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.

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
MGR	Isabella Diaz	2841 College VICTU Dr Melbovine, FL 32935	[J] Add
			□Remove
			□ Change
MGR	Sophin Diaz	2841 Collège VILW Dr Melborne, EL 32935	JAdd
			🗆 Remove
			□Change
·			□Add
			□Remove
			□Change
			□Add
			□Remove
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٠			□Remove
			Change

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Filing Fee: \$25.00