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(C	ity/State/Zip/Phone #)	
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☐ PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
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(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		J. HORNE
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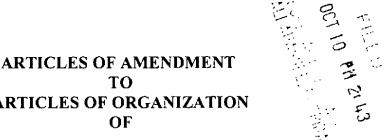
COVER LETTER

SUD IECT.		CLEANING SERVICES, LLC	
SUBJECT	Division of Corporations DBROOM CLEANING SERVICES, LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ESTEBANA JEREZ Name of Person		
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.
Please retur	n all correspor	ndence concerning this matter	to the following:
		ESTEBANA JEREZ	
			Name of Person
		FL ENTERPRISE & ASSO	OCIATES INC.
			Firm/Company
		924 W. STATE ROAD 430	6 ste 1650
			Address
		ALTAMONTE SPRINGS,	FL 32714
			City/State and Zip Code
		_	
		E-mail address: (1	to be used for future annual report notification)
For further	information co	oncerning this matter, please ca	ail:
ESTEBAN	A JEREZ		
	Name of	Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	e following amount:	
□ \$25.00	Filing Fee		Certified Copy Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

TO ARTICLES OF ORGANIZATION



D'BROOM CLEANING SERVICES, LI	LC	
(Name of the Limited Li (A F)	ability Company as it now appears on ou orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on 05/02/202	2 and assigned
Florida document number L22000208888	·	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
D'Broom Cleaning And Towing Services LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRFSS)	
in the book of the book in our particular in the book		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	o	
B. If amending the registered agent and/or regist	tered office address on our records	enter the name of the new registers
agent and/or the new registered office address he		the the name of the new registers
	_	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	City	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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
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			□Change
			□Add
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			□Change
			□Add
		□Remove	
			□Change

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Note:	tive date, if other than the date of filing:	.07 (3 as tl
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.	of:
Dated	Jessel In Lanz	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00