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(Req	uestor's Name)	
(Addi	ress)	
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(City/	/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

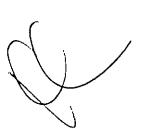
Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			.		
SUBJE		SS PRODUCT OF CLEANING	TLLC			
SODAL		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	<u>-</u>			
Please	return all correspo	ondence concerning this matter	to the following:			
			Arleen Davila			
			Name of Person		-	
		ADV Ac	counting & Tax Services LLC			
	Firm/Company					
		12701	S John Young Pkwy Ste 215			
			Address		2022 JUN 21 AM 10: 43	
			Orlando FL 32837			
			City/State and Zip Code			
	arleendavila@gmail.com E-mail address: (to be used for future annual report notification)					
For fur	ther information c	concerning this matter, please co	-	 ,	0: 43	
	Arleen	Davila	407 641-0810		, •	
	Name o	of Person		l'elephone Number		
Enclose	ed is a check for the	he following amount:				
■ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	Mailing Address Registration		<u>Street Address:</u> Registration Sect	ion		
	Division of C		Division of Com-			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J-EXPRESS PRODUCT (OF CLEANING LLC	
(<u>Name of the Limited Liability Com</u> (A Fforida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
J-EXPRESS PRODUCTS & SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" (or the abbreviationL.C."
Enter new principal offices address, if applicable:		22 J
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		AMIO:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter th</u>	ie name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Manie of New Neglstered Agent.		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Flor	
	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 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
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			□Remove
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tote: If the date	inserted in this block tive date on the Depart	k does not mee	t the applicable	e statutory filin	g requirements.	this date will no	ant to 605,020 of be listed a
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record specifies	a delayed effective d	late, but not an	effective time	, at 12:01 a.m.	on the earlier of	(b) The 90th	day after the
d is filed.						, ,	•
06/13/20 Dated)22 						
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			- Harrie	-			
			<u> </u>	d representative			

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