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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Property Clemint, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Danc of Person
Pro Property Cleaning LLC
1019 Bluerade Oak Dr.
Oviedo, FL 32765 City/State and Zip Code
City/State and Zip Code CULTON CODIC. OF 1 7 CO AMAGERIA E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (204) S74-5464 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c

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

Street Address: 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

Pro Propelly Classifity Company as it no (Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number	d on Aug 9, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability ComparEnter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ny," the designation "LLC" or the abbreviation "L.L.C."
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 o agent and/or the new registered office address here:	n our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Inter Florida street address
•	, Florida
Cin	Zin 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 AMPR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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/		avedo, F132765	tremove
			□Change
MNG	Brady Couch	1019 Bluegack Ock	
- 7	,	Oviedo, Fl 32765	Remove
			Change
MNG	Lauren N. Cook	1019 Bluejack cock Dr	ZiXAdd
<u>ر</u>		Oviedo, Pl 32765	
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an effec ote: li	tive date is listed, to f the date inserted	he date must be specif	fic and cannot be p not meet the app	rior to date of filing o plicable statutory fi		tional) er filing.) Pursuant to 605.0207 his date will not be listed as
record is file		ed effective date, bu	ut not an effectiv	re time, at 12:01 a.r	n. on the earlier of:	(b) The 90th day after the
ated _	OCT 17	<u> </u>	ZU	<u>22</u> .	ive of a member	
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Typed or printed name of signee