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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Shantel Simms Name of Person
	Prestigious Cleaning Solutions Firm/Company 1235 N. University Deire apt 115 850 Address Suprise F1. 33351 City/State and Zip Code Finder business@mail.com E-mail address: (to be used for future annual report notification)
	4235 N. University Daire apt 115 Sept 1
	Sun rise F1. 33351
	Sunrise F1. 33351 City/State and Zip Code Pinder business@gmail.com E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Shantel Simms at (561) 275-4832 Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
₫ \$ 25	5.00 Filing Fee Sand Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prestigious Cleaning S (Name of the Limited Liability Company as it no (A Florida Limited Liability C	olutions L'LC
The Articles of Organization for this Limited Liability Company were file florida document number <u>L 22-000374915</u>	ed on August 252022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
	59
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	55 6
	929 ≥ 17
Inter new mailing address, if applicable:	FL PATE
	111 C3
Mailing address MAY BE A POST OFFICE BOX)	19.
	
3. If amending the registered agent and/or registered office address (on our records enter the name of the new register
gent and/or the new registered office address here:	on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street 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 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>	<u>Address</u>	Type of Action
MGR	Shantel M. Simms	4235 N. University Dr.	ÒVAdd
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