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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Royal Care Cleaning Service 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:
Tylonette Perez Ortiz Name of Person
Royal Care Cleaning Service LCC
1219 Roysche Ave
Seloning FL 33872 City/State and Zip Code The royal Fy Cave @ amost. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tylonette Perez at (239) 580-7088 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

	MYRO SEVAICE LUC
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on SOD: 3rd, 33 and assigned
Florida document number <u>L22000 387471</u> .	· · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Royalty Corporate Clean The new name must be distinguishable and contain the words "Limited Liabili	ira LLC
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	560 14th St NE
(Principal office address MUST BE A STREET ADDRESS)	NODIES, FL 34120
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 here: Name of New Registered Agent:	STALL All ASSEE FAMILY OF STAR SEE FAMILY OF STAR SEE FAMILY OF STAR SEE FAMILY OF STAR SEE FAMILY OF THE NAW registered
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>	Name	Address	Type of Action
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			□Remove
			□Change
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		المنب مهمسه		-	
 	Signature of a	member or authorize	d representative of a	member	