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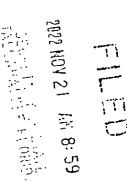
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
OTTEN DE COR	e Cleaning Services Of South I		
.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	Jonathan Dalberiste		
		Name of Person	* 1.00***
	Clutch Time Cleaning Serv	vices Of South Florida	
	Firm/Company		
	5379 Lyons Rd #1896		
		Address	
	Coconut Creek, Florida 33	073	
		City/State and Zip Code	
	clutchtimecleaningservices(
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jonathan Dalberiste		305 4091093 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	2.7	The Centre of T	lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clutch Time Cleaning Services Of South Florida LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/23/22}{}$ ___ and assigned Florida document number 100395021081 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Florida

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
MGR	Natachare Dalberiste	5379 Lyons Rd #1896 Coconut Creek F1 33073	■Add
			□Remove
			□Change
MGR Jonathan Dalberiste	5379 Lyons Rd #1896 Coconut Creek Fl 33073	= Add	
			□ Remove
			□Change
MGR Mr and Mrs Dalberiste	5379 Lyons Rd #1896 Coconut Creek Fl 33073	□Add	
		≣Remove	
	 .	□Change	
MGR Mr and Mrs Dalberiste	5379 Lyons Rd #1896 Coconut Creek Fl 33073	□ Add	
		Remove	
		·	□ Change
		□ Add	
		□Remove	
		□Change	
		□Add	
			□Remove
			□ Change

If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of fit (If an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department of	illing:
he record specifies a delayed effective date, but ord is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
(y)	
Signature o	of a member or authorized representative of a member
Jonathan Dalberiste	Typed or printed name of signee

•

Filing Fee: \$25.00