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| Special Instructions to Filing Officer: |
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COVER LETTER

| то: | Registration S Division of Co | | | |
|------------------------|----------------------------------|--|---|--|
| CUD IE | | LY CLEANING SERVICES L | LC | |
| SUBJEC | .1; <u> </u> | Name of Lin | nited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all corresp | ondence concerning this matter | to the following: | |
| | | JAVIER A SANCHEZ G. | AMEZ | |
| | | | Name of Person | |
| | JD FAMILY CLEANING SERVICES LLC | | | |
| | | | Firm/Company | |
| | | 1458 ROYAL FOREST C | T | |
| | | | Address | |
| | | WEST PALM BEACH, F | L 33406 | • |
| | | | City/State and Zip Code | |
| | | INSURANCETAXHELP@ | | |
| | | | to be used for future annual report not | infication) |
| For furth | er information of | concerning this matter, please o | all: | |
| JAVIER A SANCHEZ GAMEZ | | 954 870-8618 at () | | |
| | Name o | of Person | | ne Telephone Number |
| Enclosed | is a check for t | he following amount: | | |
| ≡ \$25.0 | 00 Filing Fee | □ \$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 Addres | | Street Address: | ection |
| | Registration I Division of C | | Registration Se Division of Co | |
| | P.O. Box 632 | 27 | The Centre of | Fallahassee |
| , | Tallahassee, | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JD FAMILY CLEANING SERVICES LLC | | |
|---|---|---------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 10/03/2022 | and assigned |
| lorida document number L22000425000 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1458 ROYAL FOREST CT | |
| Principal office address MUST BE A STREET ADDRESS) | WEST PALM BEACH, FL 33406 | **3 |
| | | |
| | | : |
| Inter new mailing address, if applicable: | | , , |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| THE PORT OF THE PORT | | . 1% |
| | | 27 |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the nam</u> | e of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | enter rioriau street aaaress | |
| . | , Florida | Zip Code |
| | ~, | emp court |

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 | <u>Address</u> | Type of Action |
|--------------|------------------------|--|-----------------|
| AR | JAVIER A SANCHEZ GAMEZ | 1458 FOREST CT WEST PALM BEACH, FL 3340 | 6 □Add |
| | | | = Remove |
| | | | _ Change |
| MGR | JAVIER A SANCHEZ GAMEZ | 1458 FOREST CT WEST PALM BEACH, FL 33406 | 5 _ ≣Add |
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| ffective date, if other than the date of an effective date is listed, the date must be speciete: If the date inserted in this block do ocument's effective date on the Departm | ecific and cannot be prior to date of filing or more than 90 days after sees not meet the applicable statutory filing requirements, this | filing.) Pursuant to 605.020 |
| record specifies a delayed effective date, is filed. | , but not an effective time, at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| MAY 31ST | · · · · · · · · · · · · · · · · · · · | 553 |
| Signat | rure of a member or authorized representative of a member | <u>.</u> |
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Filing Fee: \$25.00