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COVER LETTER

TO: Registration Section Division of Corporations				
Zaro Was	h Solutions & More , LLC			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Zaro B Maltese			
		Name of Person		
	Zaro Wash Solutions & M	ore , LLC		
	2/1/ 2 101	Firm/Company		
	2616 Osage Rd			
	Venice, FI 34233	Address		
	Zaromaltese@gmail.com	City/State and Zip Code		
	E-mail address:	(to be used for future annual report noti	fication)	
	concerning this matter, please of			
Zaro B Maltese		941 275-7216		
Name	of Person	at ()	e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 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)	
<u>Mailing Addr</u>	ess:	Street Address:		

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

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

Zaro Wash Solutions & More, 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 _____ and assigned Florida document number L22000439492 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Maltese Home Renovations, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2616 Osage Rd Venice, FL 34293 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2616 Osage Rd Venice, FL 34293 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
			
			□Remove
			Change
			\ \ _Add
			□Remove
			Change
			□Adđ
			
			Remove
			Change
			□Add
			□Remove
			Change
			Remove
			□ Change

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Effec	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) Th	e 90th day after the record is filed.
Dated	·
	Signature of a member or authorized representative of a member
	Zaro B Maltese

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Typed or printed name of signee

Filing Fee: \$25.00