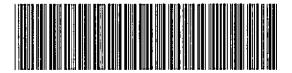
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COVER LETTER

Division of Cor			-
SUBJECT: <u>w 7%</u>	RIVE CLEANING Name of Line	SCRVICES, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leonila VIP	ZGINIA ZAVAIA MA Name of Person	aptine2
		Firm/Company	
		T SW Address	2023
	Lenigh ack	As FL 33976	2023 WAY - 8
	the the ive Cle E-mail address: (Chystate and zip code Chystate and zip code	reation)
For further information c	oncerning this matter, please c	all:	
Leonila Zava Name o	TA MAR /1, 182 f Person	at (<u>23 9</u>) <u> </u>	7374 : Telephone Number
Enclosed is a check for the	he following amount:		
2/\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (Street Address: Registration Sec	
Division of C	Corporations	Division of Cor The Centre of T	porations
P.O. Box 632 Tallahassee,			allanassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	
Florida document number <u>423000023392</u> .	William St.
Florida document number <u>=2 JOOOJ 2 Jo 7 Z</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :
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)	1022 T
	023 HAY
Enter new mailing address, if applicable:	no
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
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	F. 71
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registere

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

___, 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
MGRM	Lewila Virginia Zavalla martinez	3704 35 ST SW Lehigh OCRES, FL 33976	_ X €Add
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Vote: If the date inse	ed, the date must be specerted in this block does	es not meet the	applicable st	or ning or more atutory filing o	equirements,	this date will	not be lis	sted a
locument's effective	date on the Departme	ent of State's r	ecords.					
record specifies a de	elayed effective date,	but not an effe	ective time, at	12:01 a.m. on	the earlier of	(b) The 90t	h day aft	er the
d is filed.	•							
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