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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

~	leaning Services	ited Liability Company		
	Name of Emil	ned Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Brianna Thomas			
		Name of Person		
	Brianna's Cleaning Service	es		
		Firm/Company	 	
	10719 Canyon Bay Lane			
		Address		
	Boynton Beach, Florida, 3	3473		
		City/State and Zip Code		
	bthom115@gmail.com			
	E-mail address: (to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	all:		
Brianna Thomas		954 397-0924		
Name o	f Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for th	ne 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)	
Mailing Address Registration S	Section	Street Address: Registration Sec		
Division of Corporations P.O. Box 6327		•	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our Property (A Florida Limited Liability Company)

(A Florida Limited Liability Company) Brianna's Cleaning Services The Articles of Organization for this Limited Liability Company were filed on 03/02/2023 Florida document number _____1.23000111999 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sweepin Beauty LLC 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 __, Florida ___

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 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
			□ Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change

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Effective date, if other than the date of filing: (If an effective 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated		
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The 90th day after the record is filed. Dated	docu	ment's enective date on the 12-partment of state's records.
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
	Date	d
		Mrs maddlown.
		Signature of a member or authorized representative of a member

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Filing Fee: \$25.00