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| SHD IECT. | HAAL CLEANING SERVICE LLC | | | , |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclose | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | n all correspo | ondence concerning this matter | to the following: | |
| | | HENDRYCK A ALVARE | EZ LOPEZ | |
| | | | Name of Person | |
| | | HAAL CLEANING SERV | 'ICE LLC | |
| | | • | Firm/Company | |
| | Division of Corporations HAAL CLEANING SERVICE LLC | | | |
| | | Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Hendryck a alvarez lopez Name of Person Haal Cleaning Service LLC Firm/Company 1021 NE 24TH AVE APT #28 Address POMPANO BEACH FLORIDA 33062 City/State and Zip Code haalcleaningservice@gmail.com E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: A ALVAREZ LOPEZ Name of Person Area Code 1 S30.00 Filing Fee & Certificat Copy (additional copy is enclosed) Gertificate of Status & Certificat Copy (additional copy is enclosed) Registration Section Registration Section Division of Corporations | | |
| | | POMPANO BEACH - FL | ORIDA 33062 | |
| | | | City/State and Zip Code | |
| | | | | |
| For further i | information c | | | nification) |
| HENDRYC | K A ALVAF | REZ LOPEZ | | |
| | Name o | f Person | Area Code Dayti | me Telephone Number |
| Enclosed is | a check for th | ne following amount: | | |
| № \$25.00 | Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | | ection |
| Di | vision of C | Corporations | Division of Co | orporations |
| | | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HAAL CLEANING SERVICE LLC | | |
|--|--|--------------|
| (Name of the Limited Liability Con (A Florida Limite | npany as it now appears on our recorded Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Compa | ony were filed on 03/03/2023 | and assigned |
| Florida document number L23000113737 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| N/A | | |
| The new name must be distinguishable and contain the words "Limited Li | | |
| Enter new principal offices address, if applicable: | NIA | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | 2023 CCT |
| 1 | | р |
| B. If amending the registered agent and/or registered office | ce address on our records, enter | ** |
| agent and/or the new registered office address here: | | 9 |
| Name of New Registered Agent: | N/A | |
| New Registered Office Address: | Enter Florida street addre | 258 |
| | , F | lorida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Age | ent: | |

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> | <u>Address</u> | Type of Action |
|--------------|------------------------|-------------------------|-----------------------|
| MGR | HENDRYCK ALVAREZ LOPEZ | 1021 NE 24TH AVE APT 28 | ≣Add |
| | | POMPANO BEACH, FL 33062 | Remove |
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| an effective date is listed, often If the date inserte | the date must be specific and | seet the applicable statutory | (optional) or more than 90 days after filing.) Filing requirements, this date w | tursuant to 605.0207 ill not be fisted as |
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| record specifies a delay f is filed. | ed effective date, but not | an effective time, at 12:01: | n.m. on the earlier of: (b) The | 90th day after the |
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| eted | | · | | |
| | Signature of a t | nember or authorized represent | lative of a member | |
| | | • | | |

Filing Fee: \$25.00