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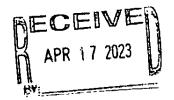
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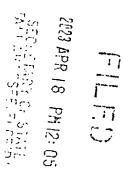
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A. RIVERS

JUN - 3 2023

COVER LETTER

SUBJECT: TOBY CIEANING FUIL SERVICES, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nawcy ODRIGUEZ Name of Person Firm/Company	TO: Registration Section Division of Corpor			
Please return all correspondence concerning this matter to the following: Nancy Pode	SUBJECT: TOBY	CLEANING FO	ON SERVICES, ed Liability Company	LLC
Firm/Company 4901 25th Ave. N. Address St. Peters Burg FL. 33710 City/State and Zip Code RODRIGUEZNANCY1973@GMBIL-COM E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Nancy KODRIGUEZ at (727) 520-2825 Name of Person Name of Person	The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Firm/Company 4901 25th Ave. N. Address St. Peters Burg FL. 33710 City/State and Zip Code RODRIGUEZNANCY 1973@GMAIL. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number	Please return all corresponde	ence concerning this matter to	the following:	
4901 25th Ave. N. Address St. Peters Burg FL. 33710 City/State and Zip Code RODRIGUEZ NANCY 1973@GMAIL. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number		NANC	CY RODRIGO Name of Person	VEZ
4901 25th Ave. N. Address St. Peters Burg FL. 33710 City/State and Zip Code RODRIGUEZ NANCY 1973@GMAIL. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number			Firm/Company	
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For further information concerning this matter, please call: Mancy Company			1 11 11 11 11 11	
For further information concerning this matter, please call: Mancy Company		ST. PETER	SBURG FL. 3	33710
For further information concerning this matter, please call: Name of Person			·	
Name of Person Name of Person Name of Person Name of Person Area Code Daytime Telephone Number	-	E-mail address: (to	be used for future annual report not	ification)
	NANCY	KODRIGUEZ	ar 727 5720	n-2825
Enclosed is a check for the following amount:	Name of Pe	rson	Area Code Daytin	ne Telephone Number
	Enclosed is a check for the f	ollowing amount:	. /	
□ \$25,00 Filing Fee □ \$30,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	J \$25,00 Filing Fee	•	Certified Copy	Certificate of Status &

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

Street Address: 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

TOBY C/EANING FULL (Name of the Limited Liability Compa (A Florida Limited I	SERVICES LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on $04/11/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
Full CleanIdG SERVICE A	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4901 2511 AVE N. St. PETERSBURG, FL. 33710
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	APR APR
Name of New Registered Agent:	277 88 177 8
New Registered Office Address:	Emer Florida street address
	. Florida Zip Code

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
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
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			DAdd
			Remove
			Change
			□Add
			□Remove
			∏Chanve

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an e Note:	tive date, if other than the date of filing: 04/13/2023 (optional) Rective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	APRIL 13th 2023
	Marin
	Signature of a member or authorized representative of a member
	Typed or printed name of signee