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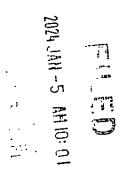
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A BYCEZE Name of Limited Liabil	<u>Janing</u> ; LLC
	a
The enclosed Articles of Amendment and fee(s) are submitted for	tiling.
Please return all correspondence concerning this matter to the following	lowing:
April Rene	PEBRYAN me of Person
Fir	m/Company 20
29114 Pigeo	MCVPPC 32046 Address Te and Zip Code The Co
Hilliard Fl city/Sta	32046 = 5
E-mail address: (to be used	<u>11 10 010 (20 11 0</u>
For further information concerning this matter, please call:	
Port Rence Boyan at Name of Person	Arca Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Ce	5.00 Filing Fee & S60.00 Filing Fee, critified Copy ditional copy is enclosed) Certified Copy (additional copy is enclosed)
· ·	
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Breeze	lity Company as it now appears on our records.)	
(A Florid	da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on $12-13-207$	3 and assigned
Florida document number	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
A Breeze Cleaning, I The new name must be distinguishable and contain the words "Lin		202
The new name must be distinguishable and contain the words "Lif	mited Liability Company, the designation LLC of the ab	oreviation PE.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	<u>σ</u> σ ,
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		_
		·
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e of the new registered
agent and/of the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<u></u>
	City	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
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If an effective date i	f other than the d s listed, the date must inserted in this bloo	be specific and cannot	ot be prior to dat he applicable s	e of filing or more	than 90 days after equirements, this	filing.) Pursuant	to 605.0207 (3)(ie listed as the
	tive date on the Dep						
e record specifies rd is filed.	a delayed effective	date, but not an ef	Sective time, a	t 12:01 a.m. on	the carlier of: (b)) The 90th day	y after the
Dated <u>\2</u> -	13		2073				
	2pil	Signature of a memb	er or authorized	representative of	member		_
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Filing Fee: \$25.00