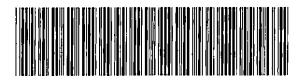
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(Requestor's Name)
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COVER LETTER

O: Registration Se Division of Cor				
	CLEANING LLC			
UBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ALIANE GARCIGA CER	RMENO		
		Name of Person		
	BBB ALI CLEANING LI	.C		
		Firm/Company		
	402 PENN RD W			
	· · · · · · · · · · · · · · · · · · ·	Address		
	LEHIGH ACRES, FL 339	36		
		City/State and Zip Code		
	alianegec@gmail.com			
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please c	all:		
ALIANE GARCIGA CI	ERMENO	786 715-0733		
Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations		-	Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBB ALI CLEANING LLC

2023 OCT 30 All 7: 20

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/29/2023}{}$ and assigned Florida document number ______L23000313033 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

4GR = Manager
MBR = Authorized Member

<u> Citle</u>	<u>Name</u>	Address	Type of Action
MGR 	LIVAN GUEVARA HERNANDE:	4200 NW 196TH ST	
		MIAMI GARDENS, FL 33055	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗖 Add
			Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: (optional) If an effective date, if other than the date of filing: (optional) 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 to document's effective date on the Department of State's records. The effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed. Dated Of 25/2023 Signature of a member or dulinazed representative of a member The arms Learners The arms Learners The arms Learners	Add	ling LIVAN GUEVARA HERNANDEZ as Manager.
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated		
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Dated	<u>Note:</u> If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Signature of a member or authorized representative of a member		
	Dated	10/25/2023
		$(\mathcal{A}_{1}, \mathcal{A}_{2})$
		a use
		Signature of a member or authorized representative of a member