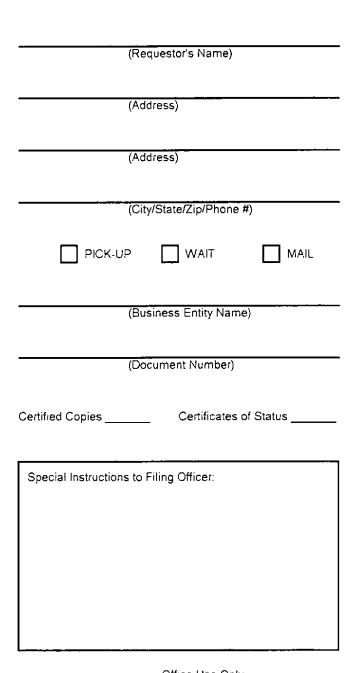
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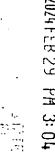


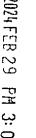
Office Use Only



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# **COVER LETTER**

O: Registration Section Division of Corporations
OBJECT: DIVOS CLEANING STYCES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Meraysha Burlle Name of Person
224 Russecliff Circle Sanford FC 32773
City/State and Zip Code  Burkeneral Shadamall. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Meraysha Burlo at 40, 314-0792  Name of Person at Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □ \$55.00 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)

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

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ote: If the	date inserted in	an the date of late must be specif this block does the Department	not meet the ap	plicable statuto	ng or more than 9 ry filing require	(optional) Days after filing.) ments, this date v	Pursuant to 605.0207 will not be fisted as
record speci is filed.	fies a delayed o	effective date, bu	it not an effecti	ve time, at 12:0	i a.m. on the ea	rlier of: (b) The	90th day after the
ated	Meno	CYSHG Signature	- B,	100			
<u>~</u>	- ( ~ u	Signature	of a member or a	authorized repres	entative of a mem	ber	
	(						

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
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVOS CLEONING SERVICES LLC
(Name of the Limited Liability Company as it now appears on our records.)

The second of	-101010 B
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300033205</u> 7	TB 2
This amendment is submitted to amend the following:	· P
A. If amending name, enter the new name of the limited liabil	CYNCES LLC TE
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	224 ROSECLIFF CIRCLE SONFOLD FL 32773
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	224 Rosecliff Circle Sanford FL 32773
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  Sand	ROSCUIFF CITCLE  Enter Florida street address  OVA . Florida 32773  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.