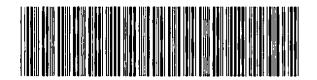
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

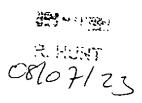
Office Use Only



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COVER LETTER

TO: Régistration Section Division of Corporations	
SUBJECT: LG Prestige Clea	ning Services LLC.
The enclosed Articles of Amendment and fee(s) are submitted to	for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Lori Gon	ZQLEZ Jame of Person
LG Prestige	leaning Services LLC
4 Pine Trai	Ce Way Address
Ocala FL	State and Zip Code
19 Cleaning So E-mail address: (1) be use	Ed for future annual report notification)
For further information concerning this matter, please call:	
Lori Gonzalez Name of Person	at (352) 5 12-12-82 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	S55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
Registration Section Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LG Prestige Cleaning Services LAC

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000343165</u> .	were filed on $07/20/2003$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
AMBR	Roberto Exmalez Jr.	4 Pine Trace Way	🗆 Add
		ocala FL. 34472	NRemove
	•		□Change
AMBR	Lori Gonzalez	H Pine Trace Way	EJAdd
		Orala FL 34472	□Remove
			Change
	·		🗀 Add
			□Remove
		<u> </u>	Change
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		ASSEE FL	Remove
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			□Add
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	·		□Change
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an eff (ote:	ive date, if other than fective date is listed, the dat If the date inserted in the nent's effective date on t	te must be specific a his block does no	and cannot be pri- t meet the appl	icable statutory	g or more than 90 of filing requirem	(optional) days after filing.) P ents, this date wi	ursuant to	o 605.020 e listed a
recor i is fi	rd specifies a delayed eff led.	fective date, but r	not an effective	time, at 12:01	a.m. on the earli	ier of: (b) The 9	90th day	after the
	aug. 02	7	, 202	<u>_</u> .				
ated	0.5	0 01	_					