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| Special Instructions to Filing Officer: | |
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Office Use Only

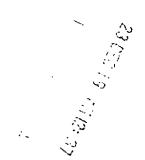


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COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|---|---|---|
| | CLEANING AND MAINTENA | ANCE LLC | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | FARID MAKRAM | | |
| | | Name of Person | |
| | BITCOM CLEANING AT | ND MAINTENANCE LLC | |
| | | Firm/Company | |
| | 5809 GALLEON WAY | | |
| | | Address | |
| | TAMPA. FLORIDA 3361 | 5 | |
| | | City/State and Zip Code | |
| | farid.makram@gmail.com | | _ |
| Description in Communities | E-mail address: i concerning this matter, please c | to be used for future annual report notification. | n) |
| ror further information | concerning this matter, piease c | an: | |
| Farid Makram | | 727 424-4767 at () | |
| Name | of Person | Area Code Daytime Tele | phone Number |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | C \$30.00 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 Addr | | Street Address: | |
| Registratior Division of | Section Corporations | Registration Section Division of Corpora | |
| P.O. Box 63 | | The Centre of Tallal | |
| Tallahassee | . FL 32314 | 2415 N. Monroe Str | eet. Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BITCOM CLEANING AND MAINTENANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| 1.22000240260 | omty Company | were filed on August 7th, 2023 | and assigned |
|--|----------------------------|--|-------------------------------|
| Florida document number 123000369259 | · | | |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of (| the limited liab | ility company here: | |
| CENTRAL FACILITY SERVICES LLC | | | |
| The new name must be distinguishable and contain the wor | rds "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | 4522 W. Village Dr #6150 | |
| CENTRAL FACILITY SERVICES LLC The new name must be distinguishable and contain the words "Limited Lic 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) | Tampa, FL 33624 | |
| | | | |
| Enter new mailing address, if applicable: | | 4522 W. Village Dr #6150 | |
| failing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered | <u>OX)</u> | Tampa, FL 33624 | |
| | | | |
| B. If amending the registered agent and/or registered office address Name of New Registered Agent: | gistered office : here: | address on our records, <u>enter t</u> | he name of the new registered |
| New Registered Office Address: | 4522 W. Villag | e Dr #6150 | |
| ive w registered Office Address. | | | |
| new registered Office Address. | | Enter Florida street address | |
| New Registered Office Address. | Tampa | | rida ³³⁶²⁴ |
| | | Cuy. | rida 33624 Zip Code |
| New Registered Agent's Signature, if changing Re | | Cuy. | ida 33624 Zip Code |

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 |
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| fective date, if other the neffective date is listed, the ote: If the date inserted in cument's effective date of | n this block does not me | et the applicable sta | of filing or more than 90 tutory filing requiren | (optional) days after filing.) Pursuar tents, this date will not | nt to 605.02 be fisted |
| ceord specifies a delayed as filed. | effective date, but not a | n effective time, at | 2:01 a.m. on the earl | ier of: (b) The 90th d | ay after th |
| ted 12/1 | 9/2023. | ·· | | | |
| | | | <i>6</i> | | |
| | Signature of a mo | ember or authorized re | presentative of a memb | er | |

Filing Fee: \$25.00