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

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COVER LETTER

| TO: | Reg Div | istration Secision of Corp | ction • porations | · | | | |
|--------------------------------|------------|-----------------------------------|--|---|--|--|--|
| SUBJE | СT. | Clock'n Mo | | | | | |
| SUBJE | .C I . | Name of Limited Liability Company | | | | | |
| The end | closed | l Articles of a | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please i | return | all correspon | ndence concerning this matter | to the following: | | | |
| | | | Stephanie Goebel | | | | |
| | | | | Name of Person | | | |
| | | | ZenBusiness Inc. | | | | |
| Firm/Company | | | | | | | |
| 5511 Parkerest Drive, Ste. 103 | | | | | | | |
| | | | | Address | | | |
| | | | Austin, TX 78731 | | | | |
| | | | | City/State and Zip Code | | | |
| | | | fulfillment@zenbusiness.co | | | | |
| | | | E-mail address: (| to be used for future annual report not | ification) | | |
| For fur | ther in | iformation co | oncerning this matter, please ca | all: | | | |
| Stepha | nie G | oebel c/o Zei | nBusiness Inc. | 844 493-6249 at () | | | |
| • | | Name of | Person | Area Code Daytin | ne Telephone Number | | |
| Enclose | ed is a | check for th | e following amount: | | | | |
| ■ \$25 | 5.00 F | iling Fee | □ \$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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Clock'n Mop LLC | | |
|--|---|---------------------------|
| (Name of the Limit | ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | |
| | iability Company were filed on | and assigned |
| Florida document number L23000439879 | , | |
| This amendment is submitted to amend the following | owing: | |
| A. If amending name, enter the new name o | f the limited liability company here: | |
| GC Expert Cleaning Services LLC | | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | |
| (Principal office address MUST BE A STREE | | |
| Timespat office data can interpreted the state of the sta | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | |
| | | |
| | | 110. 8 |
| Ç. O | or registered office address on our records, <u>e</u> | nter the name of the new |
| registered agent and/or the new registered of | flice address here: | _ |
| | | |
| Name of New Registered Agent: | | 779 |
| N 5 : 10 m | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florid | Ziv Code |
| | Cui, | 1297 Court |

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 |
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| If an effe Note: 1 | ve date, if other than the detive date is listed, the date must be fithe date inserted in this blocant's effective date on the Dep | be specific and cannot be prick does not meet the appl | icable statutory fili | (option more than 90 days after fing requirements, this d | al) ing.) Pursuant to 605.0201 ate will not be listed as |
| ne reco | ord specifies a delayed 90th day after the reco | effective date, but r rd is filed. | not an effective | time, at 12:01 a.r | m. on the earlier o |
| Dated _ | September 26 | . 2023 | · | | |
| | /s/ George B Corbin | | | | |
| | | | | | |
| | S | ignature of a member or au | thorized representative | ve of a member | |

Page 3 of 3

Filing Fee: \$25.00