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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Spottess Cleaning Croup ILC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Phillip J CEASAr Name of Person
Spotless Cleaning Group LLC Firm/Compiley
239 Basin Dr STEZA
Lauderdale By The Sca, Fl 33308 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Shakeia D Nathan at 954 391 - 0840 Name of Person at 954 Baytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF The Articles of Organization for this Limited Liability Company were filed on Florida document number 23000000 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 "L.L.C." 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 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

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	Shakeia Nathan	648 nw 215+ ST	□Add
		pompano Beach,	⊠Remove
		pompano Beach, FL 33060	□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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an effective d Note: If the o	ate is listed, the date inserted in	tan the date of fi date must be specific this block does not the Department	and cannot be prion of meet the appli	or to date of filing o cable statutory fi	r more than 90 day ling requirement	s after filing.) Pursi	uant to 605.0207 ot be listed as
record speci I is filed.	fies a delayed	effective date, but	not an effective	time, at 12:01 a.r	n. on the earlier	of: (b) The 90th	day after the
ated	EXT.	1110124		·			
_		Signature	a member or auth	norized representat	ive of a member		
			7 Typed or print				