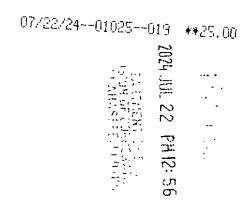
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COVER LETTER

Registration Section

Tallahassee. FL 32314

TO:

Division of Corporations Neat-Nic Cleaning, LLC Name of Limited Liability Company SUBJECT: _ The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jamie Duarte Name of Person Firm/Company 2432 SE Lakewood St Address Port St. Lucie, FL, 34952 City/State and Zip Code mcegansdad@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 200-5017 Jamie Duarte Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & Certificate of Status & **≌** \$25.00 Filing Fee Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Neat-Nic Cleaning, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/25/2024 and assigned Florida document number L24000195210 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 "LLC" or the abbreviation "LLC." 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.

If Changing Registered Agent, Signature of New Registered Agent

it amending Authorized i cison(s) authorized to manage, enter the title, hame, 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	Jamic Duarte	2432 SE Lakewood St. PSL, FL,34952	∃ Add
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.) Pursuant to 605.0
rument's effective date on the Department of State's records.	ne statutory ming requirements, this date will not be listed
record specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	on encerve time, at 12.01 d.m. on the came
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ed 07/15 . 2024	
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Signature of a member or authori	zed representative of a member

Page 3 of 3

Filing Fee: \$25.00