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T. LEMIEUX

SEP 17 2024

P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER

TO: Registration So Division of Cor			(((H24000312452 3)))
		UKIT LLC	
SUBJECT: ^{I'}	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249		
	HOUSTON, TX 77064	Address	
		City/State and Zip Code	
	efile I 234@inefile.com F-mail address: (to be used for future annual report notifica	tion)
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Mailing Addres		Street Address:	
Registration : Division of C		Registration Section Division of Corporation	

(((H24000312452 3)))

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000312452 3)))

**	UKIT LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as It no mited Liability C	ompany)	r records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L24000317025</u>	npany were file	ed on <u>07/17/202</u>		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability com	pany here:		
RECON WINDOW CLEANING L.L.C.				
The new name must be distinguishable and contain the words "Limited	l Liability Compa	ny," the designation	on "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	SS)			
<u> </u>				
				
Enter new mailing address, if applicable:				
	-			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			 	
D. If an adding the registered area and/or registered as	ffian addusan			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ince address	m our recorus	, <u>enter the na</u>	me of the new registers
				2024
Name of New Projectional Agents				SE
Name of New Registered Agent:				
New Registered Office Address:				ज न
		Enter Florida stree	ri address	$\geq \eta$
			Florida	ē J
	Ciţy			Zipo Code
New Registered Agent's Signature, if changing Registered A	gent:)
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete perform it as provided	ance of my du for in Chaptei	ties, and Lam r 605, F.S. Oi	familiar with and r, if this document is
ī	Changing Resi	stered Agent, Sign	nature of New R	enistered Avent

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9/16/2024 Q9:30·13 CDT Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□ Change
			□Remove
			□Change
			□Remove
			□Add
			□Change
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tive date, if other than the defective date is listed, the date must be. If the date inserted in this blochem.'s effective date on the Depi	k does not meet the app artment of State's recor	olicable statutory f ds.	lling requirements,	this date will not be li	isted
ord specifies a delayed effective of fled.	late, but not an effective	e time, at 12:01 a.	n, on the earlier of	(b) The 90th day at	ter th
SEPTEMBER 13	2024				
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Si	gnature of a member or all	SON Paga uthorized represents	SV live of a member		

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