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| (Requestor's Name)                      | _      |
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| (City/State/Zip/Phone #)                |        |
| PICK-UP WAIT MAIL                       |        |
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| (Business Entity Name)                  | —      |
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| (Document Number)                       |        |
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| Certified Copies Certificates of Status | —      |
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| Special Instructions to Filing Officer: | $\Box$ |
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#### **COVER LETTER**

| TO:      | Registration Section Division of Corporations   |
|----------|---|
| SUBJE    | CT: OCD Cleaning and Disinfecting Services, LLC.  Name of Limited Liability Company   |
| The enc  | losed Articles of Amendment and fee(s) are submitted for filing.  |
| Please r | eturn all correspondence concerning this matter to the following:   |
|          | Danielle Simpson Name of Person   |
|          | OCD Cleaning and Disinfecting Services, U.C., Firm/Company  |
|          | 2609 Embers PKWY West. Address  |
|          | Cape Coral, FL, 33993  City/State and Zip Code  |
|          | OCD Cleon 239 @ Gmail Con  E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)   |
| For furt | her information concerning this matter, please call:  |
| Dou      | her information concerning this matter, please call:  Name of Person  Area Code  Daytime Telephone Number   |
| Enclose  | d is a check for the following amount:  |
| ŽŠ \$25  | .00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 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

(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 Florida document number 33-166358.   | were filed on $10/28/2024$ and assigned        |
|--|--|
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabil OCD ORCIANIC cleaning of the new name must be distinguishable and contain the words "Limited Liabil" | and Disinfecting Services, LLC.                |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)   | 2609 Embers PKWY West<br>Cape Coral, FL. 33993 |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | SEE ST     |
| Name of New Registered Agent:  New Registered Office Address:  | - Same Fig F                                   |

#### 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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## Page 2 of 3

| ſ am | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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|      | to business name.   |
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| ffer | ctive date, if other than the date of filing: \( \frac{\sqrt{\chi}}{\chi} \) (optional)   |
| an e | effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| ocu  | ment's effective date on the Department of State's records.   |
|      |   |
| e re | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:   |
| ın   | e 90th day after the record is filed.   |
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| Jaic |   |
|      | a lowell Some   |
|      | Signature of a member of authorized representative of a member  |
|      | Donald Simoson  |
|      | Danielle Simpson  |

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