L15000017447

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Cir	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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J. HORNE			
FEB 2 2 2024			





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COVER LETTER

		stration Se sion of Cor					
		AMERICA	N CLEANING OF SWFL, LL	.C			
SUBJECT: Name of Lir			Name of Lin	ited Liability Company			
The encid	osed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn :	all correspo	ndence concerning this matter	to the following:			
			MARTA AGUADO				
	Name of Person						
			AMERIO	CAN CLEANING OF SWFL, LL	C		
				Firm/Company			
			1009	95 CHESAPEAKE BAY DR			
				Address			
			F	ORT MYERS, FL 33913			
				City/State and Zip Code			
			MAI	RTA092212@GMAIL.COM			
			E-mail address: (to be used for future annual report no	otification)		
For furth	ier int	formation co	oncerning this matter, please c	all:			
MARTA AGUADO		239 at ()	357-9965				
Name of Person		Area Code Dayti	me Telephone Number				
Enclosed	f is a	check for th	ne following amount:				
≣ \$2 50	.00 Fi	ling 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		Street Address: Registration S	ection				
			orporations	Division of Corporations			
		Box 632		The Centre of			
	Hall	ahassee. I	·L 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AMERICAN CLEANING OF SWFL, 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	01/29/2015	and assigned
Florida document number [.15000017447]			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here	<u>:</u> :	
AMERICAN SERVICES O	F SWFL, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	10095 CHESAPEAKE BAY DR		
(Principal office address MUST BE A STREET ADDRESS)	FORT MYERS. FL 33913		
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: Name of New Registered Agent:	ddress on our rec	ords, <u>enter the nam</u>	e of the new registered
New Registered Office Address:	12 12 12		
	Enter Florida street address		
		Florida	25 25 1.
Non-Barbara A. Changa in Barbara A.	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre	·		

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
			□Add
			□Remove
			Change
			□Add
			Change
			□Add
		 .	□Remove
			□Add
			□Add
			□Change
			□Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing:

(If an 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00

MARTA AGUADO
Typed or printed name of signee