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S. PRATHE:

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	iEcoMaids,	ЦС			
oobject.		· Name of Limi	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are subs	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Manuel Benavente			
			Name of Person		
		iFcoCleaning, LLC			
		····	Firm/Company		
		10317 Vista Pines Loop			
			Address	······	
		Clermont FL 34711			
		mbenaventet@gmail.com	City/State and Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		E-mail address: (t	o be used for future annual repo	rt notification)	
For further in	nformation co	oncerning this matter, please ca	di:		
Manuel Ben	avente		352 667-93 at ()	92	
	Name of	Person	Area Code E	Daytime Telephone Number	
Enclosed is a	a check for th	e following amount:			
□ \$25.00 F	filing Fec	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	n Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iFcoMaids LLC		. 23
(Name of the Limited Liab	ility Company as it now appears on our recor	<u>ds.</u>) = 3
(A rion	da Diffice Elability Company	
The Articles of Organization for this Limited Liability	Company were filed on 04/17/2018	and assigned
		98 - TI
- Torrida document harmon	 :	[
This amendment is submitted to amend the following:		E S
A. If amending name, enter the new name of the lin	mited liability company here:	' E 6
iFcoCleaning LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter now principal offices address if applicable		
• • •	annaco)	
Principal office address MUST BE A STREET ADL	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ticles of Organization for this Limited Liability Company were filed on document number L18000097016 document number L18000097016 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: caning LLC name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: par address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	
		
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
manny data tas mili bir i togi of i ice box/	 	
R If amonding the registered agent and/or wa	istored office address on our record	de anton the name of the new
		is, enter the name of the nev
Name of New Projectored Agents		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street addre	253
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

H Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Add
		☐ Remove	
			☐ Change
			□ Add
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			☐ Change

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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated Signature of a member of authorized representative of a member Signature of a member of authorized representative of a member Signature of a member of authorized representative of signate.	lf amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	٠,
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Page 3 of 3

Filing Fee: \$25.00