## 119000207719

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TANIA CL SUBJECT:	EANING AND HOUSEKEEP	ING SERVICES LLC		
SUBJECT.	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	TANIA ORELLANA			
		Name of Person		
		Firm/Company		
	22000 SW 126TH AVE			
		Address		
	MIAMI, FL 33170			
	iaflakizgi 6 E-mail address: (	City/State and Zip Code		
For further information c	E-mail address: ( oncerning this matter, please c		eport notification)	
TANIA ORELLANA			-0038	
Name o	f Person	Area Code	Daytime Telephone Number	—
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of	Status & y
Mailing Addres Registration S		<u>Street Ad</u> Registra	dress: tion Section	
Division of C			of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TANIA CLEANING AND HOUSEKEEPING SERVICES L	LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were for $\frac{L19000207719}{L19000207719}$ .	filed on and as	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
TM & DHJ SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	20 FE	. 471
(Principal office address MUST BE A STREET ADDRESS)		ه سو د مدا در ا
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		J
Enter new mailing address, if applicable:		•
Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		<del> </del>
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	ss on our records, <u>enter the name of the ne</u>	w register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer vioriaa sireet aaaress	

## 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.

City

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
AMBR	MANUEL GARCIA ARANGO	22000 SW 126TH AVE	■Add
		MIAMI, FL 33170	□Remove
			□Change
			□Add
			□Remove
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ective date, if other effective date is listed,	than the date of	filing:	rior to date of filing	or more than 90 day	( <b>optional)</b> s after filing.) Pui	suant to 605.020
e: If the date inserte ument's effective date	d in this block does	not meet the app	olicable statutory	filing requirement	s, this date will	not be listed a
ument's effective dai	e on the Departmen	it of State S reco	ius.			
	red effective date, b	ut not an effectiv	e time, at 12:01 a	a.m. on the earlier	of: (b) The 90	th day after the
cord specifies a delay						
s filed.	1 4 <b>/</b>	200	2.0			
cord specifies a delay s filed. ed <u>FO</u>	ary 10	202	20.			
	ary 10	<u>20</u> 2 1	20.			

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Filing Fee: \$25.00