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SECRETARY OF STATE
TALLAHASSEE TATE

A. BUTLER APR 1 1 2002

COVER LETTER

TO: Registration Section

Division of Co	orporations		
	TRAL CLEANING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	HECTOR BRUNO RODE	UGUEZ	
		Name of Person	
		Firm/Company	
	109 N BEAUMONT AVE	:	
		Address	
	KISSIMMEE, FL 34741		
	UIDP 21 Quahaa cam	City/State and Zip Code	
	HJBR_31@yahoo.com E-mail address: (to be used for future annual report no	ntification)
For further information	concerning this matter, please o	all:	
HECTOR BRUNO RO	DRIGUEZ	407 484-4706 at ()	
Name	of Person		me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of	Corporations	Division of Corporations	
P.O. Box 63 Tallahassee,		The Centre of	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HB CENTRAL CLEANING 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 $_{-}^{01/11/2022}$ and assigned Florida document number L22000023964 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 109 N BEAUMONT AVE Enter new principal offices address, if applicable: KISSIMMEE, FL 34741 (Principal office address MUST BE A STREET ADDRESS) 109 N BEAUMONT AVE Enter new mailing address, if applicable: KISSIMMEE, FL 34741 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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	YOSMAR J ALVAREZ	109 N BEAUMONT AVE	■Add
		KISSIMMEE, FL 34741	□Remove
			Change
			□Remove
		<u></u>	□Change
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	 		□Add
			Remove
			□ Change

3474	·l
ADE	DING NEW AMBR TO THE COMPANY: YOSMAR J ALVAREZ
	02/22/2022
ective c	date, if other than the date of filing: 03/22/2022 (optional) e 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 605.020
te: If th	ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ument	s effective date on the Department of State's records.
cord sp	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
•	3/22/22
:ed	$\frac{3/22/22}{460}$
	Signature of a member or authorized representative of a member
	1/4/

Filing Fee: \$25.00