To: 18506176383 From: 12147128131 Date: 02/13/23 Time: 5:05 PM Page: 01/04



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate a	nother cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I201800 0011 Phone : (844)38\$-0178 : (214)31**7-**4754 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASABLANCA CLEANING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Hiling Menu

Help

To: 18506176383 From: 12147128131 Date: 02/13/23 Time: 6:05 PM Page: 02/04

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

OF

CASABLANCA CLEANING LLC		
	rasiit now appears on our records.)	
(Name of the Limited Liability Company (A Florida Limited Lie	bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 12/16/2022	and assigned
Florida document number L22000526717		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	tycompany here:	
CasaBlanca Cleaning Co, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	e abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		2023
B. If amending the registered agent and/or registered office ad	dress on our records, <u>enter the n</u>	ame of the new register
agent and/or the new registered office address here:		<u> </u>
		ω ₁
Name of New Registered Agent:		
New Registered Office Address:		7 ??
	Enter Florida street address	-:. ΟΙ -: ω
	, Florida	
	City	Zip Code
N		

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

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Date: 02/13/23 Time: 6:05 PM Page: 03/04 • To: .18506176383 From: 12147128131 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000056658 3))) MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> Name. Address ___ 🗆 Add Remove □ Change _____ 🗆 Add _____ 🗀 Remove _____ 🗆 🗀 Change __ □ Add _____ 🗆 Remove □ Change □Add □Add _ □Remove _____ 🗀 Change

_ □ Add

Remove

_____ (((H23000056658 3)))

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). If amendi	ng any other info	mation, enter o	thange(s) he	ere: (Attach i	additional she	ets, if`necessary	.)
							
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Note: If th	date, if other than edute is listed, the date in date in this effective date on the	s block does not:	meet the appi	icable statutor	ng or more than 9 y filing require	(optional) Odays after (iling) ments, this date	Pursuant to 608 0207 () will not be listed as th
the record specord is filed	ecifies a delayed effe	ctive date, but no	t an effective	time, at 12.01	a.m. on the ea	rlier of: (b) The	90th day after the
Jan Dated	nary 4		2023				
	N		<u></u>				
	,	Signature;of a	member on au	thorized teptese	ntative.of(a)men	ber;	
	Vanessa Polet Maur	icio					
			Typed or pri	nted name (o (s)	vice)		

Filing Fee: \$25.00

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