L23000212482

	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	⊃	MAIL
_	_	_
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Statue
Certined Copies	Certificates of C	Status
Sanaial tanturations	to Cilian Officer	
Special Instructions	s to Filling Officer.	





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TALLAHASSEE FLORIDA

COVER LETTER

		stration Section of Corp				
SUBJEC		P&P WINDO	OW SMART CLEANING, L	LC		
SUBJEC	.1	_	Name of Lim	ited Liability Co	ompany	
The enclo	osed .	Articles of A	mendment and fee(s) are sub	mitted for filin	ıg.	
Picase ret	turn a	all correspond	dence concerning this matter	to the following	ıg:	
			ELIANA D. PLATA C/O	HUMBERTO	PAEZ	
				Name of	Person	-
			P&P WINDOW SMART	CLEANING, I	.LC.	
				Firm/Co	mpany	
			6045 NW 45 WAY			
			_	Addr	ess	
			COCONUT CREEK, FL 3	3073		
			PLATAELIANA10@GMA	City/State and	d Zip Code	
			_		ture annual report n	otification)
For further	er inf	ormation cor	ncerning this matter, please ca	all:		
ELIANA	D. F	LATA		786 at (5 715-9148)	
		Name of F	Person	Area	Code Day	time Telephone Number
Enclosed	is a o	check for the	following amount:			
■ \$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy al copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
]] }	Regi Divi P.O.	ing Address: istration Se sion of Co Box 6327 ahassee, FI	ection rporations	→	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	Section forporations f Tallahassee roe Street, Suite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

9000 ...

ompany as it now appears ited Liability Company)	TALLAHA	21 AH 9: 10
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pany were filed on MAY スリ8೩	7 01, 2023	and assigned
liability company her	<u>e</u> :	
Liability Company," the des	ignation "LLC" or the abbre	viation "L.L.C."
N.A.		
<u>s)</u>		
N.A		
lice address on our rec	ords, <u>enter the name (</u>	of the new register
	n street address	
Enter Florid	a 317 EE1 1111117 E33	
Enter Florid	, Florida	Zip Code
<u> </u>	Liability company here Liability Company," the des N.A. N.A.	liability company here: Liability Company," the designation "LLC" or the abbre N.A.

N

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.

MA.

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>	Name	Address	Type of Action
	N.A.	-	□ Add
			Remove
			☐ Change
		_ /	□ Add
			□ Remove
		/	Change
			□Add
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N.A.	
	
	
	
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	E. A.
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ctive date, if other than the date of filing:	or to date of filing or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the appl	icable statutory filing requirements, this date will not be listed
iment's effective date on the Department of State's record	is.
and anniform a delivered afficient data. Not the annual and afficient	time at 12:01 are as the realize of the The Otth day of the
filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
AUGUST 16 2023	,
CO A.	thorized representative of a member