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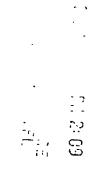
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

	ERVICES SSCT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
	Inderdeep Johal		
		Name of Person	
		Firm/Company	<del></del>
	7901, 4th ST N STE 300,		1
		Address	
	ST. Petersburg, FL. US, 3	3702	
		City/State and Zip Code	
	deep@selectservices.llc		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notification all:	)
Inderdeep Johal		+44 7732854343	
Name o	f Person	Area Code Daytime Telepl	hone 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)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporati	ions
P.O. Box 632	:7	The Centre of Tallaha	assee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SELECT SERVICES SSCT LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Comp Florida document number 1.24000147382	any were filed on $\frac{03/27/2024}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	tiability company here:	
Sunny Side Clean Team LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDRESS	5)	
		**.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
Prairing dudress MAT DE ATOST OF FIELDOM		<u></u>
		<del>-</del>
3. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
	<b>F</b> 1	orida
	City	Zip Code

## 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

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
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			⊐Rенюve
			□Change
			□Add
		<del>-</del>	□Remove
			□Change
			"-`; :⊡Add
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reffective date is liste	ter than the date of all, the date must be specified in this block does	ic and cannot be prior	to date of filing or mor	option: e than 90 days after fili	ng.) Pursuant i	to 605,0201
	rted in this block does date on the Departmen			requirements, this a	ue wiii not d	e usica as