## L25000271986

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## **COVER LETTER**

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SUBJE	CT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fce(s) are sub	mitted for filing.		
Piease	return all correspo	ondence concerning this matter	to the following:		
		Shawanda Mr, + Mrs. Ja	James / Channe of Person	cofessional Service	UC
		4	Ave, W, Ay		
		Bradenton	Fl 34205 City/State and Zip Code		
		MrS Shavanda E-mail address: (	James Ogmal. (	fication)	
For fur	ther information c	oncerning this matter, please ea	all:		
Sha	wanda Jame o	int S f Person	at ( <u>450</u> ) <u>7 68 –</u> Area Code Daytim	2132 e Telephone Number	
Enclose	ed is a check for the	he following amount:			
E S2:	5.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

ies Limited Liability Company The Articles of Organization for this Limited Liability Company were filed on 06/10/2025 and assigned Florida document number <u>L25000271986</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mr. 4 Mrs. James Cleaning P. The new name must be distinguishable and contain the words "Limited Liability Company. 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) 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 City

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

Title	Name	Address	Type of Action
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