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T. MATTHEWS FEB 16 2022

COVER LETTER

TO:

TO: Registration Se Division of Cor				
		ANING LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SONIA EVORA			
		Name of Person		
	SONIA CLEANING LLC			
	, ,	Firm/Company		
	1206 NE 4TH TERRACE			
		Address		
	CAPE CORAL,FL-33909			
		City/State and Zip Code		
	SONIAEVORA864@GMA	.IL.COM to be used for future annual report no	viCi	
For further information c	oncerning this matter, please co		uncation)	
SONIA EVORA		239 350-8452		
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	he 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		Street Address: Registration S	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810	
ranamasce, i	(1) ニントマ	2913 N. MOIII	or ancer, aune 010	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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00000000	INIC LLC	22 11. 71 10 4. 32	
SONIA CLEAN			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our red fa Limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability (Florida document number L20000234578	Company were filed on <u>08/04/2020</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>en</u>	ter the name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:		.,	
	Enter Florida street address		
		Florida	
	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>	<u>Address</u>	Type of Action
AMBR	SONIA EVORA	1206 NE 4TH TERRACE	□Add
		CAPE CORAL, FL-33909	■Remove
			□Change
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fecti	ve date, if other than the date of filing: O2/01/2022 Optional
in effe	ctive 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 605.0207
ore:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
есого	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is fil	rd.
	FERRILARY IST
ated _	FEBRUARY IST 2022
	CVI
	Signature of a member or authorized representative of a member
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Filing Fee: \$25.00