L24000078569

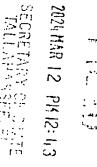
(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	curnent Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
	<u>. </u>	





100425577921

03/12/24--01019--009 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	inv as it now appears on our recor-	<u>ds.</u>)	
(A Florida Lamiled	Liability Company)		
the Articles of Organization for this Limited Liability Company were filed on $\frac{02/13/2024}{}$ and assign			
Florida document number L24000078569			
. Rollida document municer			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
g and q enter the term and the	my company nere.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5341 JENNINGS ST		
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34113		
		(n) (n)	
Enter new mailing address, if applicable:	5341 JENNINGS ST	五	
•	NAPLES, FL 34113	N :	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		7 7 7	
D. 16 man disease on County of the County of		<u> </u>	
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>enter</u>	the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre.	XX	
	F1	lorida	
	Cay	z.p v oac	

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

COVER LETTER

TO: Registration S Division of Co					
	CLEANING SERVICES, 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:			
	SYNDY S JEAN				
		Name of Person			
		Firm/Company		2021 SE	
	5341 JENNINGS ST			2024 MAR 12 SECRETAR TALLATA	 ;
	NAPLES, FL 34113	Address		12 1	1
	NELLYCLEANING239@	City/State and Zip Code		PHIZ: 1,3 KY OF STATE KY OF STATE	ا : وبدر رئي
		to be used for future annual report notificat	ion1	်ကြ မ	
For further information of	concerning this matter, please co	all:			
SYNDY JEAN		239 3841492 at ()			
Name o	f Person		lephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Addres Registration 5 Division of C	Section Corporations	<u>Street Address:</u> Registration Section Division of Corpor	ations		
P.O. Box 632	27	The Centre of Talk	ahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

				1		
_						<u>-</u> -
			 .	 		
						
					ىن <u>د</u>	
					CRE I	
					~ ~ ~	
				·-·		-
					13 G	PH []
					775	1. 25
					1.41	ω
	·					
						<u></u> _
Effective date, if other than It an effective date is listed, the da Note: If the date inserted in the document's effective date on	le must be specific a his block does not	ind cannot be prior t t meet the applica	o date of filing or a ble statutory fili	nore than 90 days afte	ional) er tiling.) Pursuan iis date will not	t to 605.0207 (be listed as t
e record specifies a delayed ef rd is filed.	fective date, but no	ot an effective tir	ne, at 12:01 a.m.	on the earlier of: (b) The 90th di	ay after the
03/04 Dated		2024				
			<u> </u>			
ipated						
, c						
	Signature of	a member or autho	rized representativ	e of a member		

Filing Fee: \$25.00

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
MGR	NESLY JEAN	5241 JENNINGS ST	≣ Add
		NAPLES, FL 34113	□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			SECRETARIAN Change
			Add P Add P P P P P P P P P P P P P P P
			SSF Remove 7
	·		□Add
			Remove
			□Change
			🗀 Add
			□Remove
			□ Change