## L05000098736

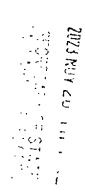
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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

SUBJECT: INSIDE		SERVICES & AUTO DETAIL nited Liability Company	Elivo Eco	
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	DANIELLE STEPI	HENS		
		Name of Person		
		Firm/Company	<del></del> _	
	PO BOX 1031			
		Address		
	GOTHA, FL 3473	4		
		City/State and Zip Code		
	Nout Clean E-mail address:	to be used for future annual report no	Y ) otification)	
For further information co	oncerning this matter, please c	all:		
DANIELLE STE	PHENS	at ( 407 ) 76	66-5300	
Name of	Person		ime Telephone Number	
Enclosed is a check for th	e following amount:			
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		Street Address: Registration S	Section	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee, F		The Centre of	Tallahassee roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 KOY 20 PY 1:42

## DND PROPERTY CLEANING & MAINTENANCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company	were filed on DEC 5	and assigned	
Florida document number L05000098736	<del></del> -			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		10800 LOG HOUSE ROAD		
(Principal office address MUST BE A STRE		CLERMONT FL 34711		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 1031 GOTHA FL 34734		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office : ess here;	address on our record	s, enter the name of the new registered	
Name of New Registered Agent:	DANIELLE ST	rephens		
New Registered Office Address:	10800	LOG HOLS	E POAD eet address	
	CLERMONT		, Florida <u>34711</u> Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register	ed agent and agr	ee to act in this capac	city. I further agree to comply with the	

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
MGRM	DAVID STEPHENS	1583 MATADOR DR, GOTHA, FL 34734	□Add
			Remove
			□Change
MGR	DANIELLE STEPHENS	3661 VICTOR ST, GOTHA, FL 34734	≣Add
			□Remove
			□ Change
MGR	DWIGHT REED	3661 VICTOR ST, GOTHA, FL 34734	<b>=</b> Add
			□Remove
		- <del></del>	
		<del> </del>	□Add
			□Remove
			□Change
			□Add
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
ord is fi	
Dated	. 11/0/2023  Signature of a phember or authorized representative of a member
	Danielle Stanlans
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00