L07000018795

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(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
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COVER LETTER

	gistration Sec vision of Corp				
CHRIECT.		g Service, LLC			
SUBJECT:			ited Liability Company		
		mendment and fee(s) are sub-	-		
		Irene Hahn			
			Name of Person	<u> </u>	·
			Firm/Company		
		4349 Pocahontas Drive			
			Address		
		Dade City Florida 33523			
		irenetheresa73@gmail.com	City/State and Zip Code		
		E-mail address: (1	o be used for future annual re	eport notification)	
For further in	nformation con	cerning this matter, please ca	dl:		
lrene Hahn			813 532- at (7738	
	Name of P	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
≡ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

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

TLC Cleaning Service, LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	<u>pears on our records.)</u> y)
The Articles of Organization for this Limited	Liability Company were filed on	02/19/2007 and assigned
lorida document number L07000018795	<u> </u>	
his amendment is submitted to amend the fo	lowing:	
a. If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	202
		. 0
		F 2 F 1
nter new mailing address, if applicable:		· <u></u>
Mailing address MAY BE A POST OFFICE	ROX)	¥ 5
01110		
		<u></u>
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office address on ou ess here:	r records, enter the name of the new regist
Name of New Registered Agent:	Irene Hahn	
New Registered Office Address:	4349 Pocahontas Drive	
- · · 	Enter l	Florida street address
	Dade City	Florida 33523
	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
MGR	Irene Hahn	4349 Pocahontas Drive	
		Dade City Florida	□Remove
		33523	■Change
			□Add
			□ Remove
		·	2020 Plane
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tive date, if other than the date of filing	:		(optiona	1)
ffective date is listed, the date must be specific and	cannot be prior to dat	te of filing or mo	re than 90 days after filin	g.) Pursuant to 605.
If the date inserted in this block does not ment's effective date on the Department of St	ate's records.	statutory ming	requirements, this dat	ie will not be liste
ord specifies a delayed effective date, but not a	an effective time, a	ıt 12:01 a.m. o	n the earlier of: (b) 1	The 90th day after
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November 10	3030			
1	2020			
1	L- N-			
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Signature of a m	ember or authorized	raprocontation .	of a grambur	
Signature of a m	ember or authorized	representative of	of a member	