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COVER LETTER

Division of Co	rporations		
ALADING SUBJECT:	SERVICES "LLC."		
	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
ricase return an corresp	ondence concerning this matter	to the tonowing.	
	Christian Gutierrez		
		Name of Person	
		Firm/Company	
	4698 56th dr e		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Bradenton, Fl 34203		
		City/State and Zip Code	
	luis_tax_services@yahoo.ed) to be used for future annual report no	
			uncation)
For further information	concerning this matter, please c	all:	
Christian Gutierrez		941 2431016	
Name	of Person	at () Area Code Daytir	me Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addr</u> Registration		Street Address: Registration S	ection
	Corporations	Division of Co	

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

TO: Registration Section

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

ALADINO SERVICES "LLC."			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.10000090702	y were filed on <u>08/30/2010</u>		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
ALADINO CLEANING SERVICES LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I	J.C" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			2024
		سنة سبا	✓
		~ `	y ,
Enter new mailing address, if applicable:		HAS	£ 1
			P III
Mailing address MAY BE A POST OFFICE BOX)			
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>en</u>	1 * *	-
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ad	Ulana	
	rinter r tortaa street aa	ar ess	
		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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			[]Change
			□Add
			□Remove
			☐ Change
			□Add
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ective date, if other than the date of filing: It effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will cannot seffective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 is filed.	
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is filed. AUGUST 30TH 2024	not be listed a
august 30TH 2024	th day after the
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00