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(Requestor's Name)
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

EXELLENT & LUXURY CLEANIG SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christian David Dell'Olio

Name of Person

Firm/Company

Po Box 593285

Address

ORLANDO, FL 32859

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian David Dell'Olio

407 967-7280

Name of Person

Area Code & Daytime 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXELLENT & LUXURY CLEANIG SERVICES 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 Lia	bility Company	were filed on 03/07/20	11 Su and assigned		
Florida document number L11000027732					
This amendment is submitted to amend the follow	wing:		Z2 PR		
A. If amending name, enter the new name of t	the limited liabi	lity company here:	STAT FLOR		
EXELLENT & LUXURY CLEANING	G SERVICE	SLLC	温点 5		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		3012 MESA VERDE DR #1801			
(Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32859			
Enter new mailing address, if applicable:		PO BOX 593285			
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO, FL 32859			
B. If amending the registered agent and/or registered agent and/or the new registered offi			ords, enter the name of the new		
Name of New Registered Agent:					
New Registered Office Address:	3012 MESA VERDE DR #1801				
-	Enter Florida street address				
	Orlando		, Florida <u>32859</u>		
		City	Zip Code		
N D 1 . 1 . 1 C1					

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> **Address** Type of Action Po Box 593285 Orlando FL 32859 **MGR** CHRISTIAN DELL'OLIO **AURA CMISS STACEY** Remove Remove Remove Add Remove

D. If amending any othe	r information, enter chan	ge(s) here: <i>(Att</i>	tach additional sheets, if necesso	ry.)
Also comige	MY TAX ID #	CHREENT	27.6431090	
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		1. 		
Dated July 16	, 20	13)		
	Signature of a member	er or authorized r	epresentative of a member	
CHRIS ⁻	TIAN DEĽĽ'ÓŁTO	5		
· · · · · · · · · · · · · · · · · · ·	Турес	d or printed name	of signee	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE