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SECRETARY OF STATE

COVER LETTER

	Registration Ser Division of Corr					
	TAMPA EV	XTREME CLEANING SERVI	CELLO	•		
SUBJEC	T:		ted Liability Company	·•		
		Name of Lum	сеа главину с отрану			
The enclo	sed Articles of .	Amendment and fee(s) are sub-	nitted for filing.			
Please ret	um all correspo	ndence concerning this matter	o the following			
		SHANITA JONES				
			Name of Person			
		JONES ACCOUNTING &	TAX SERVICES LLC			
		·	Firm/Company			
		PO BOX 1013				
			Address	ess		
		LAND O LAKES, FL 34639				
			City/State and Zip Code			
		SHANITA a THEACCOUN				
		E-mail address ()	o be used for future annual report notif	lication)		
For furthe	er information co	oncerning this matter, please or	ett:			
SHANIT	'A JONES		813 525-4321			
	Name of	l Person	Area Code Daytime	e Telephone Number		
Enclosed	is a check for th	ne following amount:				
7 0 \$25.0	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 Addres Registration S		Street Address: Registration Sec			
	Division of C	•	Division of Cor	-		
	P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monroe	attanassee e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAMPA EXTREME CLEANING SERVICE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Lamted Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/08/2014}{1}$ _ and assigned Florida document number | L14000003582 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TAMPA EXTREME BUILDING MAINTENANCE LLC The new name most be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Circ

If Changing Registered Agent, Signature of New Registered Agent

_. Florida __

If agrending 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
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			□Change
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ote: If the	ite, if other than the date date is listed, the date must be s date inserted in this block d effective date on the Departi	loes not meet the applicable	ate of filing or more than 90 c statutory filing requireme	_ (optional) lays after filing.) Pursuant to 605,0207 ents, this date will not be listed as
record spec is filed.	ifies a delayed effective date	e, but not an effective time,	at 12:01 a.m. on the earli	er of: (b) The 90th day after the
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