414000093794

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COVER LETTER

Registration Section Division of Corporations

TO:

FAST CLE	ANING SOLUTIONS LLC		
30b0EC1	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	indence concerning this matter	to the following:	
	LIBER F LOPEZ HERNA	NDEZ	
		Name of Person	
	FAST CLEANING SOLU	TIONS LLC	
		Firm/Company	<u> </u>
	3472 W 103rd Terrace		
		Address	
	HIALEAH, FL 33018		
		City/State and Zip Code	 -
	amartinez@mtzaccounting.		·
		to be used for future annual report not	itication)
For further information c	oncerning this matter, please c	all:	
Amaurys Martinez		786 843-1580	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 12415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on o	ur records.)	
The Articles of Organization for this Limited Liab Florida document number L14000093794	ility Company	, , ,	and assigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designa	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	le:	5625 NW 7th Ave		
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33127		
Enter new mailing address, if applicable:		N/A	-	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg agent and/or the new registered office address l		address on our record	s, <u>enter the name of the new register</u>	
Name of New Registered Agent:	N/A			
New Registered Office Address:				
	Enter Florida street address			
			, Florida Zip Code	
			Zin Code	
		City	2.φ Colu	
New Registered Agent's Signature, if changing Reg	gistered Agent:	·	г.р сол	

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
N/A	N/A	N/A	
			□ Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			□ Change

	N/A
*	
	
	
	04/24/2024
(If an e Note	(optional) effective date, if other than the date of filing:
f the rececord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d April 24
	Cind
	Signature of a member or authorized representative of a member
	LIBER F LOPEZ HERNANDEZ
	Typed or printed name of signee

Filing Fee: \$25.00