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Office Use Only



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D. BRUCE FEB 22 2017

COVER LETTER

Div	ision of Corporations	
SUBJECT:	DARIXA CLEANING SERVICES LLC	
SUBJECT.		
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
	DISEYDI CARDONA	
	Name of Person	_
	Firm/Company	-
	1444 NE 154TH TERR	
	Address	_
	NORTH MIAMI BEACH, FL 33162	
	City/State and Zip Code	
	dari0720@icloud.com	
	E-mail address: (to be used for future annual report notification)	201
For further i	information concerning this matter, please call:	
Die	cerdi Cardona at 786, 709-7804	25.5
	Name of Person Area Code Daytime Telephone Numb	TO IT
Enclosed is	a check for the following amount:	"~ ₩ &
\$25.00	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

DARIXA CLEANING SERVICE	S LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	<mark>any as it now appears o</mark> Liability Company)	n our records.)	
The Articles of Organization for this Limited I		were filed on $\frac{08/04}{1}$	/2014	and assigned
Florida document number L14000122160				
This amendment is submitted to amend the fol				
A. If amending name, enter the new name	of the limited lial	bility company here	•	
DARIXA CLEANING AND REMODELING LI	LC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	gnation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if appli	icable:	MA		-
(Principal office address MUST BE A STRE		/		
Enter new mailing address, if applicable:		\sim/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			= <u></u>
D 10			_	
B. If amending the registered agent and registered agent and/or the new registered			ur records, <u>enter :</u>	the name of the ne
		_	E:	20
Name of New Registered Agent:	n/a		LA	
			2:	
New Registered Office Address:		Enton Elouido	street address	2
		Enter r tortaa	street dadress	ם ה
			, Florida	1. Zip Code
		City	공간 등록	·Zip Code W
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	٠	30

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member								
<u>Title</u>	Name //A	Address	Type of Action					
			Add					
			□ Remove					
			Change					
			Remove					
			Change					
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Effective d	ate, if other to date is listed, th	than the d	ate of fili	i ng:				ore than 9	(option of the control of the co	o nal) Tiling.) P	ursuant to 605
Note: If the	e date inserted effective date	in this bloc	k does not	t meet th	e applica	able statu	tory filing	; require	ments, this	date wi	II not be list
document s	circente date	on the Dep	uniment of	i State 3	records.						
	specifies a				but no	t an eff	ective ti	me, at	: 12:01 a	.m. or	the earli
	h day after										
FEB	RUARY 18			201	7						
Dated						<u> </u>					
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-			ionature of	amembe	r or autho	orized repr	resentative	of a men	iber		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00