## 4150000031943

(Re	questor's Name)	
	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE SECRETARY OF STATE STATE OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section

Tallahassee. FL 32314

Div	ision of Cor	rporations			
CUDIECT.	LIMPIO C	LEANING SOLUTIONS LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		MANUEL HURTADO			
		-	Name of Person		
		LIMPIO CLEANING SOI	LUTIONS LLC		
			Firm/Company		
		8724 NATHANS COVE (	TT.		
			Address		
		JACKSONVILLE, FL 322	156		
		•	City/State and Zip Code		
		mh@lesstaffing.com			<del>_</del>
			to be used for future annual	report notification)	
For further in	nformation o	concerning this matter, please c	all:		
MANUEL F		_		8-8802	
	Name o	of Person	Area Code	Daytime Telephone N	Number
Enclosed is a	a check for t	he following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Ce losed) Ce	0.00 Filing Fee, entificate of Status & entified Copy Iditional copy is enclosed)
	iling Addre		<u>Street A</u> Registre	ddress: ation Section	
Div	vision of C	Corporations	Divisio	n of Corporations	
P.C	D. Box 632	27	The Ce	ntre of Tallahassec	,

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIMPIO CLEANING SOLUTIONS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L15000031943}{L15000031943}$ .	were filed on FLORIDA and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	8724 NATHANS COVE CT	
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32256	
Enter new mailing address, if applicable:	9770 OLD BAYMEADOWS RD SUITE 105	
Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32256	
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, enter the name of the new register	
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.

Cinv

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
MGR	ERIKA A VILLAMIZAR L	8724 NATHANS COVE CT	■Add
		JACKSONVILLE, FL 32256	□Remove
			□Change
			□ Add
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cord specifies a delayed effective s filed.	date, but not an effective time,	at 12:01 a.m. on the earlier o	of: (b) The 90th day after the
ed AUGUST 16	. 2022	1	
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	Signature of a member or authorized	I manuamparine of a secondar	