# L15000176405

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Ethicy Mattie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400415967984

09/25/23--01031--004 ++55.00

SECRETARY OF SIME

Y. SCOTT OCT - 8 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 4D Cleaning and Remodeling Unlinifed LCC 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:
Carles José Sinchez Garcia
4D Cleining and Remodeling Unlimited LC Firm/Company
441 Tausus Lane Address
St. Cloud Floreda 34772 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carlos Total Sanche 7 Garage at (407) 530-9/72  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee   □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on  $\frac{9/22/201.5}{}$  and assigned Florida document number <u>L15000176405</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must 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: Clar Storida 34772

#### 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.

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 Type of Action <u>Title</u> Address MGR Manager \_\_ □Remove \_\_\_\_\_ Change 441 TRUNUR LAME ST. Claud HEXALD AMBIR Cormen G. Coste \_\_\_\_\_ □ Change □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Change □ Add

\_\_\_ □Change

								_
-								-
			<del></del>				-	_
				, , , , , , , , , , , , , , , , , , ,	<del>,</del>	-		-
								-
								_
				-	_			_
				<del></del>			2023	
			· · · · · · · · · · · · · · · · · · ·				3 SEP	1503 1603 1803 1803 1803 1803 1803 1803 1803 18
				<u></u>			<u>25</u>	일본 기본
								) 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
							တ က်	HIVE HIVE
				•				73
								_
								-
								-
								-
Effective dat	e, if other than t	he date of filir	ng:			(optional)		
Note: If the d	ate is listed, the date r late inserted in this fective date on the	block does not	meet the applic	able statutory fil				
document s er	rective date on the	Department of	Sinc a records.					
ad to 61 ad	fies a delayed effec				n, on the earlier	of: (b) The 90	Oth day afi	ter the
	-0:/	0 /	2 4 9 9					
,		21	. <u>2025</u>	·				
Dated	<u>ITEM hex</u>		Th					

Filing Fee: \$25.00