

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L14000047868**

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TAX CONTROLLER INC
Account Number : I20210000142
Phone : (954) 301-1848
Fax Number : (954) 532-9458

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HRCS SERVICES AND MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 AUG 15 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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2022 AUG 15 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

(((H22000275913 3)))

TO: Registration Section
Division of Corporations

SUBJECT: HRCS SERVICES AND MANAGEMENT LLC
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:

Name of Person
HRCS SERVICES AND MANAGEMENT LLC
Firm/Company
10384 ALDER GREEN DR
Address
RIVERVIEW, FL 33578
City/State and Zip Code
carolinafrota1971@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HELEN R CASTRO E SILVA at (813) 407-8809
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

08/15/2022 4:17 PM FAX 9545329458

TAX CONTROLLER INC

0003/0005

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H22000275913 3)))

HRCS SERVICES AND MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/08/2016 and assigned
Florida document number L16000047868.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BEST CLEANING TAMPA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

Florida

City

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.

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TALLAHASSEE, FLORIDA

(((H22000275413 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[The page contains faint horizontal ruling lines.]

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the effective date of the filing.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 11, 2022

Helwisch de Castro Silva

Signature of a member or authorized representative of a member

HELEN R CASTRO E SILVA

Typed or printed name of signee