L16000061440

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TQ:	Registration Se Division of Cor			
/12.125.24	Neighborho	ood Cleaning LLC		
SUBJI	ECT:	Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		Tomas Lugo		
			Name of Person	
		Neighborhood Cleaning L	LC	
			Firm/Company	
		Avalon Reserved Blvd Ap	t.#102	
		<u> </u>	Address	
		Orlando FL 32828		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please c	all:	
Tomas	Lugo		407 538-9865	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Neighborhood Cleaning LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2113 NOV 12 2 29 The Articles of Organization for this Limited Liability Company were filed on March 28 2016CRETARY OF STATES igned TALEAHASSEE, FLUKIUA Florida document number L16000061440 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 "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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mirtha Lugo	Avalon Reserved Blvd Apt.#102 Orlando FL 32828	
			■ Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			Remove
			Change
			Add
			□ Remove
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			□ Remove
			Change

Effective date, if other than the date of filing:	<u>.</u>	
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) The 90th day after the record is filed. October 16 2019	docume	nt's effective date on the Department of State's records.
) The 90th day after the record is filed. October 16		
Dated October 16 2019		
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	Dated _	
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Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00