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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040 Fax Number : (407)520-5473

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

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BEST CLEANING COMPANY LLC

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

COVER LETTER

TO:

ro: Registration Sec Division of Corp			
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Division of Corporations BEST CLEANING COMPANY LLC T: Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. BEST CLEANING CONCERNING: ESMERALDA MARTINEZ Name of Person BEST CLEANING COMPANY LLC Firm/Company 2608 SAN SIMEON WAY Address KISSIMMEE, FL 34741 City/State and Zip Code BESTCLEANINGCOM@GMAIL.COM E-mail address: (to be used for future annual report notification) their information concerning this matter, please call: RALDA MARTINEZ Name of Person Page 180-3608 Area Code Daytime Telephone Number and is a check for the following amount:		
	CCEANING COMPANY LLC Name of Limited Liability Company as of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: ESMERALDA MARTINEZ Name of Person BEST CLEANING COMPANY LLC Firm/Company 2608 SAN SIMEON WAY Address KISSIMMEE, FL 34741 City/State and Zip Code BESTCLEANINGCOM@GMAIL.COM E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: ARTINEZ at (17) Area Code 310,00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Address: Registration Section 1 of Corporations 2 to Certificate of Corporations 3 The Centre of Tallahassee 4 The Centre of Tallahassee 5 The Centre of Tallahasse		
	ESMERALDA MARTINE	Z	
		Name of Person	
	BEST CLEANING COMP.	ANY LLC	
		Firm/Company	
	2608 SAN SIMEON WAY		
		Address	
	KISSIMMEE, FL 34741		
			ification)
For further information			Name of Person LLC Firm/Company Address State and Zip Code COM ad for future annual report notification) 407 780-3608 at (
ESMERALDA MARTINEZ		, , , ,	
Name			ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration Division of	Section Corporations	Registration Solution of Co The Centre of	orporations Tallahassee
Tallahassee	, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST CLEANING COMPANY LLC					
(Name of the Limited Liability (A Florida	y Company as it now appears on or Limited Liability Company)	ir records.)			
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{06/21/20}{}$	16	and a	ssigned	
Florida document number L16000119488	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designat	tion "LLC" or the ab	breviation "	L.L.C."	_
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	(ESS)				_
		-1.3	570 5	989	_
Enter new mailing address, if applicable:				<u>*</u> 2	
(Mailing address MAY BE A POST OFFICE BOX)			(A)	1 <u>7 </u>	
				—————————————————————————————————————	-
B. If amending the registered agent and/or registered	d office address on our record	ls, enter the nam		eW regis	tere:
agent and/or the new registered office address here:			e e	9	
Name of New Registered Agent:		<u> </u>			_
New Registered Office Address:	Enter Florida str	roat addrage			
	Enter l'iorida str				
	City	, Florida	Zip Cod	le	
	•				

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
AMBR	Jose B. Rodriguez	2608 SAN SIMEON WAY	
		KISSIMMEE, FL 34741	□Remove
			□Change
			□ Remove
			□ Change
			□Add
			☐ Remove
			☐ Change
			bbA 🗌
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		_	☐ Change

f amer	ding any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)		
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Note:	ve date, if other than the date of filing:	ling.) Pursua	nt to 605 t be list	i.0207 (ed as t
e recon erd is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed.	The 90th	day afte	r the
Dated	10-79-7071 , 2021	255 24 17 2 18 18 18 18 18 18 18 18 18 18 18 18 18	2#21 DCT 29	ال ا
	A. II. Shaffa	بر. در:	70	FILED
	Signature of a member or authorized representative of a member	S IAI		
	Estre ralola Mortines. Typed or printed name of signee	10/2	<u>6</u>	
	Typed or printed name of signer			

Filing Fee: \$25.00