## L16000139935

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## **COVER LETTER**

TO: Registration Section

Division of Cor			
SUBJECT: LRD Multi	services LLC	: Tr. 122. C	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel Rojas		
		Name of Person	
		Firm/Company	
	1545 Thetford Circle		
		Address	
	Orlando, FL 32824		
	Irdmultiservices.llc@gmail.		
For further information .	E-mail address: ( oncerning this matter, please c	to be used for future annual report not	affication)
Daniel Rojas	oncerning this matter, preuse c	407 257-0990	
Name of Person		at () Area Code Daytir	ne Telenhoue Number
(value o	, , ct.wi		ine receptione reduces
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Address:		Street Address:	
Registration Section		Registration Se	
Division of Corporations P.O. Box 6327		Division of Co The Centre of	-
Tallahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

...

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LRD Multiservices LLC		<u> </u>
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	<u></u> )
The Articles of Organization for this Limited Liability Cor Florida document number <u>L16000139935</u>	mpany were filed on 7/26/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
LRD Cleaning Services LLC		
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	(SS)	-0 -
		7.1 F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
<del></del>	City	rida Zip Code

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	Ana M Frias	543 Cypress Tree Court	
		Orlando, FL 32825	■Remove
			□ Change
AMBR	Gretchen D Rojas	1545 Thetford Circle	■Add
		Orlando, FL 32824	□Remove
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D. II ame	nding any other information, en	ter change(s) here.	putata uaanimai saet	is, if necessaries			
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Note:	ve date, if other than the date of ective date is listed, the date must be speci If the date inserted in this block does ent's effective date on the Departmen	s not meet the applicabl	date of filing or more than 90 e statutory filing requirer	(optional) days after filing.) P nents, this date wi	ursuant to 60 Il not be li:	05.0207 ( sted as )	(3)(b the
f the record record is fil	d specifies a delayed effective date, b ed.	ut not an effective time	, at 12:01 a.m. on the ear	lier of: (b) The 9	0th day aft	er the	
Dated	January 19	. 2022	•				
	Signatur	e of a member of authoriz	ed representative of a memb	oci			
	Daniel Rojas	Typed or printed r	•				

Filing Fee: \$25.00