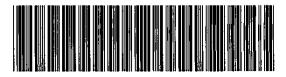
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(Re	equestor's Name)	
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SECRETARY OF STATE
TALLAHASSIF FLORID.

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		ANING SERVICE, LLC		
		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
	·	NANCY R. LOPEZ BACI	-	
			Name of Person	
			Firm/Company	
		3608 HARWICH CT		
			Address	
		GREENACRES, FL 3346	7	
		backhausnl@aol.com	City/State and Zip Code	
Б. С	4		to be used for future annual report notif	ication)
		oncerning this matter, please c		
MANC	CY R. LOPEZ BAC		561 283-9726 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	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

NAN CLEANING SERVICE, LLC			
(Name of the Limited Liab (A Flori	oility Company as it now ida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Liability Florida document number		on FEBRUARY 21, 2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability compa	any here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company	," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg	vistered office addre	es on our records, enter	the name of the
registered agent and/or the new registered office ad			
Name of New Registered Agent.			
New Registered Office Address:	Fn	ster Florida street address	
		. Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agen	nt and agree to act in	this capacity. I further ag	ree to comply wit

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 Re

Page 1 of 3

SET OF STATE

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>	<u>Address</u>	Type of Action
AP	KEVIN P. BACKHAUS	3608 HARWICH CT	
		GREENACRES, FL 33467	■ Remove
			☐ Change
AP	ALICIA I SANTINI	3608 HARWICH CT	
		GREENACRES, FL 33467	■ Remove
			Change
			☐ Remove
			Change
			🗖 Add
			☐ Remove
			Change
		-	□ Add
			□ Remove
			ARE AP
			TILED RAPY OFFICE WASSEE, FLO
			FILED 17 APR 24 AM III: 15 SETARE I APY OF STATE TALLIAHAS SEE, FLORIO

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		10 (10)
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fective date, if other than the d	e specific and cannot be prior to date of filing or mo	(optional) re than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
n effective date is listed, the date must bete: If the date inserted in this block	artment of State's records.	
n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department. record specifies a delayed e	artment of State's records. effective date, but not an effective ti	me, at 12:01 a.m. on the earlier of \blacksquare
n effective date is listed, the date must bete: If the date inserted in this block current's effective date on the Department's effective date of the Depart	artment of State's records. effective date, but not an effective ti	me, at 12:01 a.m. on the earlier of
n effective date is listed, the date must bete: If the date inserted in this block current's effective date on the Department's effective date of the Depart	ertment of State's records. effective date, but not an effective tird is filed.	me, at 12:01 a.m. on the earlier of
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n effective date is listed, the date must bete: If the date inserted in this block current's effective date on the Department's effective date of the Depart	ertment of State's records. effective date, but not an effective tird is filed.	FIL 17 APR 24 SECRETAR TALLAHASS

Page 3 of 3

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