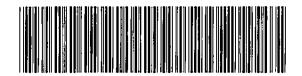
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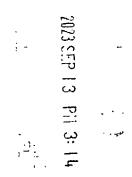
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

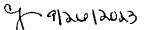




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COVER LETTER

TO: Registration Section

Division of Corporations			
SUBJECT: Losda Commerci Name of Lin	al Cleaning LLC mited Liability Company	<u></u>	
The enclosed Articles of Amendment and fee(s) are su	ibmitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Luis Los	Name of Person		
2 speed	Company Clean	<u>aq</u>	
1940 57	Aldress		
Losadaiga	City/State ain Zip Code rza @ gmail. Com	3710	
\$25.00 Filing Fee Solution Solution Status Solution Filing Fee Solution Solution Solution Filing Fee Solution Solution Solution Solution Filing Fee Solution Solution Solution Solution Fee Solution Solution Fee Solution Solution Fee Solutio			
Luis Losada Name of Person	at (at ()	Telephone Number	
Enclosed is a check for the following amount:			
	Certified Copy	Certificate of Status & Certified Copy	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Sec Division of Corp The Centre of Ta	orations illahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 13 PH 3: 14 04/03/2017 The Articles of Organization for this Limited Liability Company were filed on __ and assigned 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 "LLC." 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 Cin

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>	Name	Address	Type of Action
AMBR	Darmis Aguedo	1980 57h 3+ N 57 Refersburg FL 3	BAdd -
		5) betersburg th	
			□Change
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			Changa

(If an e Note	ctive date, if other than the date of filing:
he reco	ord 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 filed.
Date	d 08/17/3033 Signature of a member Signature of a member
	Signature of a member signature of a member
	- Second of the second
	Luis Cosada