L17000084384

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COVER LETTER

TO:

TO:	Registration Sect Division of Corpe		
CHDIE	C'r.	SINDIA'S CLEA	NING SERVICES LLC
SUBJE	CT:	Name of Lim	ited Liability Company
The enc	losed Articles of A	mendment and fec(s) are sub	mitted for filing.
Please r	eturn all correspond	lence concerning this matter	to the following:
			SINDIA I ROMERO
			Name of Person
		SIN	DIA'S CLEANING SERVICES LLC
			Firm/Company
		62	15 BLACK DAIRY RD
			Address
			SEFFNER, FL 33584
			City/State and Zip Code
			LEANINGSERVICES@yAHOO.COM
г. е.,	1		to be used for future annual report notification)
ror iuri	ner information cor	scerning this matter, please co	MII:
	SIND	IA I ROMERO	813 735-9334 at ()
	Name of I	'erson	Area Code Daytime Telephone Number
Enclose	d is a check for the	following amount:	
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 2022 APR 20 AM 10: 27

Zip Code

SINDIA	A'S CLEANING SERVICES	LLC SECR	ETARY MA 10: 27
(<u>Name of the Limited Liabil</u> (A Florid	A'S CLEANING SERVICES ity Company as it now appear is Limited Liability Company)	s on our records. A	TASSEE. TLOY
The Articles of Organization for this Limited Liability (Company were filed on	04/14/2017	and assigned
Florida document numberL17000084384			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company he	ere:	
BAY QUALITY CONSTRUCTION SERVICES LLC			
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
• • •	n.c.c.		
<u>Principal office address MUST BE A STREET ADD</u>	<u> </u>		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	 	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registere	ed office address on our r	ecords, enter the na	me of the new registe
igent and/or the new registered office address here:		<u> </u>	or the heart regist
Name of New Registered Agent:			
N. B 1000			
New Registered Office Address:	Enter Flor	rida street address	
	12/11/07	THE STATE OF STATES OF	
		, Florida _	
	City		Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

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
			🗆 Add
<u>1</u>			□Change
			□Add
			□Remove
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			□Add
		 	Remove
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			□ Change
			□ Add
			Remove
			□Change

Tective date, if other than the date of filing:		
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as beament's effective date on the Department of State's records. record 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 is filed. MARCH 16 2022	-	
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Signature of a member or authorized representative of a member	ited	MARCH 16 2022
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