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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	
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COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT:	ANE'S CLEP Name of Limit	NING SERVI ted Liability Company	CES LLC
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	dence concerning this matter t	o the following:	
	loia	ne Silva Name of Person	bopes
	Liane's	ELEANING SEI	RVICES LLC
	348 UERE	DI ST Address	
	DAUENPOI liannes	RT-FL 33896 City/State and Zip Code Code Code Code Code Code Code Code Code	fication)
For further information co	ncerning this matter, please ca		
Liane Name of	SILUA LOPES Person	at (<u>407</u>) <u>435</u> Area Code Daytim	9112 e Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 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 S Division of Co P.O. Box 6323	ection orporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LIANE'S CLEANIN	O SERVICES 2020019 PM 3: 26 ny as it now appears on our records.) Liability Company)
(A Florida Limited L	TALLAHASSEC CONTRACT
The Articles of Organization for this Limited Liability Company	were filed on 100 11, 2017 and assigned
The Articles of Organization for this Limited Liability Company Florida document number 1700148973	0 0
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
VACATION HOME CLEANIN	VG LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	348 UERDI ST
(Principal office address MUST BE A STREET ADDRESS)	DAUENPORT-FL 33896
Enter new mailing address, if applicable:	POBOX 691867
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32869
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress 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
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
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					RIDA	26
Effective date, if other the fan effective date is listed, the Note: If the date inserted in document's effective date of	date must be specific ar n this block does not	d cannot be prior to c meet the applicable			ing.) Pursuant	
e record specifies a delayed rd is filed.	effective date, but no	et an effective time.	at 12:01 a.m. on the	e earlier of: (b)	The 90th da	y after the
ì	. 12	. 2023				
Dated October		,				