L17000228048

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SUBJECT:		NING AND MAINTENANCE			
sommer.		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		CARELIS D QUIROGA			
		·	Name of Person		
	S.Q. CLEANING AND MAINTENANCE SOLUTIONS LLC				
		 	Firm/Company		
	8670 SW 149TH AVENUE #115				
			Address		
		MIAMI. FLORIDA 33193			
			City/State and Zip Code		
		carelisq@gmail.com			
			to be used for future annual report notification)		
For further i	nformation co	oncerning this matter, please ca	all:		
Carelis C Q)uriroga		786 448-2171 at ()		
	Name of	f Person	Area Code Daytime Telephone Number The SEP		
Enclosed is	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ Certified Copy (additional copy is enclosed) □ Certificate of Status & Certified Copy □ (additional copy is enclosed)	. T	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 OF

S.Q. CLEANING AND MAINTENANCE SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I Florida document number L17000228048	Liability Compan	y were filed on 11/03/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	bility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>: BOX)</u>	N/A	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our records, enter the nam	ne of the new registered
Name of New Registered Agent:	N/A		70
New Registered Office Address:	N/A	Enter Florida street address , Florida City	8 Cip 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 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
MGR	OMER LIZARDO CALIXTO	15411 SW 77TH CIRCLE LANE #201	≘ Add
		MIAMI, FLORIDA 33193	□Remove
			□Change
		·	DAdd
			□Remove
			□ Change
			□Add
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			□Change
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			SECONDE BANGE TO A CONTROL OF THE CO
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N/A			
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07/03/2020		t:	0
ective date, if other than the date of filing:	(option		
reffective date is listed, the date must be specific and cannot be prior to date of tee. If the date inserted in this block does not meet the applicable stat			
cument's effective date on the Department of State's records.	and the second s		, tro morea
cord specifies a delayed effective date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b)	The 90th	day after th
s filed.			
1			
ed <u>August 25</u> , <u>2020</u> .			
\sim			
Signature of a member or authorized ren	resentative of a member		
ed August 25 . 2020 . Signature of a member or authorized rep	resentative of a member		