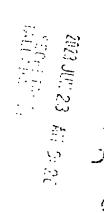
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE JUN 2 6 2023
2 6 2023

Office Use Only



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RECEIVED

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	, INC
Please use funds from account: I20210000160 Authorization Signature: Anna's Cleaning LLC L17000264221 Business E	0: \$30.00 Jun Felle OOC#
Certified Copy	
XCertificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit CorpNot for ProfitOfficer/Director Limited LiabilityDomesticationOther CORP LLLP	_X_Amendment Resignation of R.A. or member Dissolution Change of Registered Agent Revocation of Dissolution Merger Conversion Amended and restated Articles Statement of Correction
OTHER FILINGS REGIS	STERATION/QUALIFICATIONS
Trademark Annual Report Fictitious NameAPOSTILL COUNTRY	Foreign filingLimited PartnershipReinstatementOther

EXAMINIER'S INITIALS:____

FLO	RIDA CAPITAL COURIER SE	RVICES, INC
2330	CLARE DRIVE	
	LAHASSEE, FL 32309	
, ,) 524-5437	
(850)) 524-6243	
Auth <u>Anna</u> Busin	_ Certified Copy	1 an full
X_	Certificate of Status	
<u>NEV</u>	V FILINGS	<u>AMENDMENTS</u>
	Profit Corp	X Amendment
	Not for Profit	Resignation of R.A. or member
	Officer/Director	Dissolution
	Limited Liability	Change of Registered Agent
	Domestication	Revocation of Dissolution
	Other	Merger
	CORP	Conversion
	LLLP	Amended and restated Articles
		Statement of Correction
<u>OTH</u>	HER FILINGS	
		REGISTERATION/QUALIFICATIONS
	<u>Trademark</u>	
	Annual Report	Foreign filing
	m	Limited Partnership
	Fictitious Name	Reinstatement
 '	APOSTILL	Other
	COUNTRY	

EXAMINIER'S INITIALS:____

DocuSign Envelope ID: 6E9CE6A3-9A58-470C-8482-372085D57DEA CUVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
CUD IE CT	Anna's Clea	uning LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
		indence concerning this matter	-	
	·			
		Anna Impiduglia		
			Name of Person	
		Anna's Cleaning LLC		
			Firm/Company	
		2589 Rosemont Circle		
			Address	, <u>, , , , , , , , , , , , , , , , , , </u>
		Davenport FL 33837		
			City/State and Zip Code	
		anna.brigida.impiduglia@gi		
		E-mail address: (to be used for future annual report not	ification)
For further is	nformation c	oncerning this matter, please ca	all:	
Anna Impid	uglia		407 8616223 at ()	
	Name o	f Person		ne Telephone Number
m - 1 1:-		e Charing amounts		
		ne following amount:		- 040 00 PW - V
□ \$25.00 l	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)
	iling Addres		<u>Street Address:</u> Registration So	ection
	gistration S vision of C	Section Corporations	Division of Co	
	D. Box 632	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 6E9CE6A3-9A58-470C-8482-372085D57DEA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Anna's Cleaning LLC	XC23 JUN 23 AM	St 25
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company		and assigned
florida document number L17000264221		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company <u>here</u> :	
Anna Impiduglia LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2589 Rosemont Circle, Davenport	FL 33837
Principal office address MUST BE A STREET ADDRESS)		
	2589 Rosemont Circle, Davenport	FI 33837
Enter new mailing address, if applicable:	2.569 Rosemon Chele, Davenport	112 33637
Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	Enter Promoti street daaress	
	, Florid	aZip Code
	Culv	nip 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.

DocuSign Envelope ID: 6E9CE6A3-9A58-470C-8482-372085D57DEA removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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ŧ	o Anna Impiduglia LLC.
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ote:	ve date, if other than the date of filing:
ecor is fi	d 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 ed.
	6/21/2023 7:00 PM PDT
ated	Docusianed by: Anna Impiduglia

Typed or printed name of signee