h180000035843

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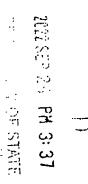
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A. RIVER



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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	nitorial LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Juan V. Santallana Jr.			
	Name of Person			
SDS Janitorial LLC				
		Firm/Company		
3332 W Spruce St.				
	Address			
		Tampa, FL 33607		
		City/State and Zip Code	· 	
	•	anitorial@gmail.cor		
	E-mail address: (to be used for future annual report no	tification)	
For further information of	oncerning this matter, please c	all:		
Juan V. Ş	antallana Jr.	at (<u>813</u>) <u>391-</u> Area Code Dayti	9246	
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he 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:		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SDS Jani	torial LLC	
(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)	
(A Fiorida Limited	(Manthly Company)	
The Articles of Organization for this Limited Liability Company	v were filed on Feb 15.2018	and assigned
•	were med on	
Florida document numberL18000035843		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Bay Area Facility Main	tenance LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abl	reviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
	3332 W Spruce St Tam	a, FL 33607
		.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Truming duarent military		
B. If amending the registered agent and/or registered office	address on our records, enter the name	of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		. 63
New Registered Office Address:		F-2
	Enter Florida street address	- SH
	***	50
		Zin Coda
	Ciţ	5 P :
New Registered Agent's Signature, if changing Registered Agent	<u>!:</u>	
I have by account the approintment as registered agent and ag	ree to act in this canacity. I further avi	्र ब्ह्रिक comply with th
monicions of all statutus relative to the proper and complet	e performance of my duties, and I am t	miliar with and
accent the obligations of my position as registered agent as	provided for in Chapter 605, F.S. Or.	if this document is
hoing filed to morely reflect a change in the registered offic	e address. I hereby confirm that the lin	ited liability
company has been notified in writing of this change	and the second of the second o	
Section to the second control of the second section is the second section of the second secon		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agent provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agr e performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	တ္ခု ယ တွေ ယ နော် o comply w imiliar with an if this documer

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>	<u>Name</u>	Address	Type of Action
AMBR	Sonia D Santallana	3332 W. Spruce St	⊠Add
		Tpa, FL 33607	Remove
			Change
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			\ _Add
			Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Dated 8-5-2022 Signature of member or authorized representative of a member Juan V. Santallana JC.
Typed or printed name of signce

Filing Fee: \$25.00