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Special Instructions to F	filing Officer:	

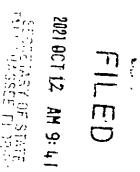
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## **COVER LETTER**

O: Registration Sec Division of Corp			
вивјест: Дујм	Beach Profe	SSIMU CLEANIN	ig Services LL
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	Morses Delf	Find Rever Mora	lez
		Firnt/Company	<u></u>
	4684 40	Kday Rarch.	Cus.
		AdMress	
	Most tal	City/State and Zip Code	(33415
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncorning this matter, please ca	all:	
Moises Delfi	no Perez Mosale	Z at (919 ) 397-	5493
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	(I) \$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 Addres	x:	Street Address:	
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P.O. Box 632 Tallahassee, 1		The Centre of T	allahassee e Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

_	
Holm Beach Potessional (Name of the Limited Liability Compa (A Florida Limited)	Liability Company)  2021.0CT 12  AM 9: 41  Clability Company)
The Articles of Organization for this Limited Liability Company	were filed on July 10, 2018 and assigned
Florida document number <u>L1800017/090</u> .	1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	4084 Holiclay Janch Cirs.
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4(184 Holiday Rarch Cris eu. P.B FL 33410

B. If amending the registered agent and/or registered office address 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:

Oliday Karah are

Enter Florida street address

Zip 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.

MOISOS POSEZ

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 Type of Action Address Title Name 3000 Butternul Lane Riviera Bah Flasy De Remove Ourdio Aguilar Gomez Wilagros E. Hosta Caniel 3006 Buttanut Lane Rivier Ren Fl3410 AMBR \_\_\_\_ Change Moises Delfino Perez Maralez 4684 Ho Remove \_\_\_\_\_ □ Change

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Dated	9/24/21  Moises Deret morales  Signature of a member or authorized representative of a member  Moises Deret morales  Typed or printed name of signee
	Maica D Perez Morales
	Signature of a mamber or authorized corresponding of a mamber

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