Division of Corporations

Florida Department of State 65 Division of Chronistions Electronic Filing Cover Street

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To:		
10:	Division of Corporations	
	DIVISION OF COLDS ACCOUNT	
	Fax Number : (850)617-6383	
From:		
From:	Account Name : SOSME ACCOUNTING & TAX SERVICES LLC	
	Account Number : I2020000102	
	Phone : (954)998-1035	
	Fax Number : (954)573-1480	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEEP PROFESSIONAL CLEANING SERVICES LLC

Certificate of Status	0
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S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration S Division of Co		·				
DEEP PRO	FESSIONAL CLEANING SER	VICES LLC				
SUBJECT:						
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.				
Please return all corresp	ondence concerning this matter to	o the following:				
	LUISA URENA	Name of Person				
	Address					
		City/State and Zip Code	-			
	LUISAURENA54@HOTM	AIL.COM				
For further information	E-mail address: (i	to be used for future annual report not all:	meation			
LUISA URENA		754 235-9659				
Name	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration S Division of Co The Centre of	orporations Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TALLAHASSEE, FLORIDA	2021 DEC 10 PH 12: 44	FILED

DEEP PROFESSIONAL CLEANING SERVICES 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 Liability Company were filed on 07/27/2018 and assigned Florida document number L18000180495 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DEEP PROFESSIONAL SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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:

<u>Title</u>	Name	Address	Type of Action
 			□Add
		44.	□Remove
			Change
			□Add
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