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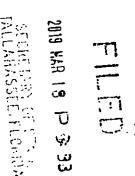
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T. LEMBEUX

COVER LETTER

•

	Registration Sec Division of Corp						
CUD IEO:		ing Service LLC					
SUBJECT: Name of Limited Liability Company							
The enclos	sed Articles of A	Amendment and fee(s) are subn	nitted for filling.				
Please retu	urn all correspor	ndence concerning this matter t	o the following:				
		CARLOS RAMOS					
			Name of Person				
		VIRA'S CLEANING SERV	ЛСЕ,LI.C				
		~	Firm/Company		_		
		4448 31ST AVE. S.W					
			Address		_		
		NAPLES,FL. 34116					
		FEEF4g@GMAIL.COM	City/State and Zip Code		_		
		E-mail address: (to	be used for future annual i	report notification)			
For furthe	r information co	oncerning this matter, please ca	H:				
CARLOS RAMOS 239 2004301 at ())4301				
	Name of	Person	Area Code	Daytime Telephone Numb	er		
Enclosed i	is a check for th	e following amount:					
□ \$ 25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee 8 Certified Copy (additional copy is end	Certific losed) Certifie	Filing Fee, cate of Status & ed Copy al copy is enclosed)		

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

VIRA'S CLEANING SERVICE,LLC			12019 MAR 18 P 3 B3	
(Name of the Limited	Liability Compa	any as it now appears on	our records.)	
(A	Florida Limited	Liability Company)	SEORF TARY OF STAIT TALLAHASSEF, FLORIDA	
The Articles of Organization for this Limited Liab	oility Company	were filed on 8/3/201	8 and assigned	
Florida document number L18000186384	·			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liab	oility company here:		
-				
The new name must be distinguishable and contain the wor	ds "Limited Ltabi	lity Company," the design	ation "LLC" or the abbreviation "L.I. C."	
Enter new principal offices address, if applicab	ile:	4448 31ST AVE. S.V	N	
Principal office address MUST BE A STREET		NAPLES FL, 34116		
			-	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	1 Y)			
Maining address MAY BE A POST OFFICE BO	<u> </u>		 	
B. If amending the registered agent and/or	registered o	ffice address on our	r records, enter the name of the new	
registered agent and/or the new registered office				
Name of New Registered Agent:	JOSE FRANC	ISCO GALARZA		
New Registered Office Address:	4448 31ST AV	E. S.W		
New Registered Office Address.	Enter Florida street address			
	NAPLES		, Florida ³⁴¹¹⁶	
		City	Zip Code	
New Registered Agent's Signature, if changing Rep	gistered Agent:			
hereby accept the appointment as registered			city. I further sares to comply with the	
provisions of all statutes relative to the proper				
accept the obligations of my position as registe	ered agent as	provided for in Chap	ter 605, F.S. Or, if this document is	
being filed to merely reflect a change in the re		address, I hereby co	onfirm that the limited liability	
company has been notified in writing of this ch	ange.		/ /	
	(MAN	<i>ff:</i>	
		nging Registered Agent.	Monature 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	JOSE FRANCISCO GALARZA	4448 31ST AVF., S.W.	
AWIDK			Add
			Remove
			Change
AMBR	CARLOS RAMOS	4448 31ST AVE S.W.	Add
			Remove
			Change
			Remove
			Change
			Remove
			Change
		<u> </u>	Remove
			Change
			□ Remove
			Change

				
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	2111	dia		
ective date, if other than the da effective date is listed, the date must be	specific and cannot be prior t	o date of filing or more th	(optional) an 90 days after filing.) Pursuant	t to 605.020
te: If the date inserted in this block nament's effective date on the Department	does not meet the applica	ble statutory filing req	uirements, this date will not	be listed a
,				
record specifies a delayed ef		an effective time	, at 12:01 a.m. on the	earlier c
he 90th day after the record	is filea.			
ed MARCH 13	2019			
- Jan 1	Da			
(KK / a/	KAMi			
Sig	nature of a member or author	ized representative of a	nember	

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Filing Fee: \$25.00