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SECRETARY OF STATE
TALLAJIASSEL FLORIDA

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COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	CT.	NING SERVICES LLC		
SUBJE	CI;	Name of Lim	nited Liability Company	
			•••	~ ~
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		VALDIRENE M. DA SIL	VA	
			Name of Person	
		VA CLEANING SERVIC	ES LLC	
		<u> </u>	Firm/Company	-
		14428 TAMBOURINE DI	₹	
			Address	
		ORLANDO FL 32837		
		delacuba3@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furth	ner information c	oncerning this matter, please co	all:	
MILAGROS DE LA CUBA		407 574-5526 at ()		
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed	is a check for th	ne 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:

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

Liability Company as it now appears on ou Visionida Limited Liability Company)	r records.)
bility Company were filed on 04/25/201	9 and assigned
ving:	
the limited liability company here:	
rds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
ble:	
ADDRESS)	
ox) r registered office address on our receaddress here:	records, enter the name of the pew
	On 10
Enter Florida stree	et address
	, Florida
City	Zip Code
	bility Company were filed on 04/25/201 ving: the limited liability company here: ds "Limited Liability Company," the designation ble: ADDRESS) ox) r registered office address on our receaddress here: Enter Florida street

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 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>	<u>Address</u>	Type of Action
AMBR	WALTER PEREIRA DA SILVA		
·		14428 TAMBOURINE DR	
		ORLANDO FL 32837	■ Remove
			☐ Change
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ective date, if other than t	he date of filing:		(ont	ional)
effective date is listed, the date term of the date inserted in this	must be specific and cannot	be prior to date of filing	or more than 90 days after	er filing.) Pursuant to 605,020
cument's effective date on the	Department of State's i	ecords.	imng requirements, th	is date will not be listed a
record specifies a delay	ved effective date, t	out not an effect	ve time, at 12:01	a.m. on the earlier of
he 90th day after the r	ecora is filea.			
OCTOBER 01	2019)		
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	1. //.			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00