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COVER LETTER

	Registration Se Division of Cor						
SUBJEC		CLEANING SERVICES LLC					
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		VA	LDIRENE M DA SILVA				
			Name of Person				
		VA CI	LEANING SERVICES LLC				
			Firm/Company				
		14	428 TAMBOURINE DR				
	Address						
		MID	City/State and Zip Code TAXPAPERS@GMAIL.COM				
		E-mail address: (to be used for future annual report	notification)			
For furth	er information c	oncerning this matter, please ca	il:				
VALDIRENE M DA SILVA			786 856-0610 at ()	- ANY TIME			
	Name o	f Person		time Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	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)			
		ING ADDRESS:	STREET/COU	JRIER ADDRESS:			

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VA CLEANING SERV	ICES LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears ability Company)	on our records.)		=
he Articles of Organization for this Limited Liability Company w	ere filed on	08/20/2018	and a	assigned
lorida document numberL18000199229				
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :		
he new name must be distinguishable and contain the words "Limited Liability	y Company," the des	ignation "LLC" or the	abbreviation '	L.L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
			201 - 201	
			2 S	6.4.4-
nter new mailing address, if applicable:			 7.40	. L.
Mailing address MAY BE A POST OFFICE BOX)				- "
			, A	٠.
			<u>.</u> .	• •
. If amending the registered agent and/or registered offi egistered agent and/or the new registered office address here:	ce address on	our records, <u>ente</u>	r the near	e of the
Name of New Registered Agent:		-	 -	
New Registered Office Address:				
	Enter Florid	a street address		
		, Florida _		
	City		Zip Coa	le

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>	Address	Type of Action
MGR	JOAO BATISTA REZENDE	14428 TAMBOURINE DR ORLANDO, FL 32837	Ađd
			□ Remove
			□ Change
			Add
			□ Remove
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(b) The 90th day after the record is filed.

Dated	Nov	19	, 2019	
	-			
			Mundalva	
			Signature of a member or authorized representative of a member	
		•	VALDIRENE M DA SILVA	
			Typed or printed name of signee	

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Filing Fee: \$25.00