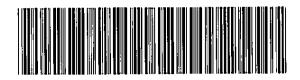
## L18000265008

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
. (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200340254352

08,700,700--01005--004 \*\*25.00

2020 HAR 20 PH 3: 27

American Total

I ALBRITTON

## **COVER LETTER**

	: Registration Section Division of Corporations			
SHINY HO	OUSE CLEANING SERVICES	LLC		
SUBJECT:	Name of Lim			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return ail correspo	ondence concerning this matter	to the following:		
	RAFAEL RENATO DA S	ILVA		
		Name of Person	· · · ·	
	SHINY HOUSE CLEANI	NG SERVICES LLC		
		Firm/Company		
2574 LAKE DEBRA DR		# 101		
		Address	<del> </del>	
	ORLANDO, FL 32835			
	-	City/State and Zip Code		
	RARALADO@HOTMAIL			
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
SERGIO SOUZA		321 310-2415 at ( )		
Name o	f Person		ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Se	ection	
Division of C	Corporations	Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee,	rl 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	T	AMENDMEN O DRGANIZATI	2 0
	O	F	
SHINY HOUSE CLEANING SER	VICES LLC		
		iny as it now appears o Liability Company)	n our records.)
The Articles of Organization for this Limited L Florida document number L18000265008			/2018 and assigned
This amendment is submitted to amend the foll-	owing:		
A. If amending name, enter the new name of RDS FLORIDA SERVICES LLC  The new name must be distinguishable and contain the vertical services.			
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		2574 LAKE DEBE	RA DR #101
		ORLANDO, FL 32835	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	2574 LAKE DEBE ORLANDO, FL 32	
B. If amending the registered agent and/or ragent and/or the new registered office addre	Ų.	address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	2574 LAKE DEBRA DR # 101		
		Enter Florida	street address
	ORLANDO		, Florida <sup>32835</sup>
	-	City	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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		<del></del>	□Remove
			Change
			□ Add
			🗖 Remove
			□ Change
			\ Add
			□Remove
			□ Add
			□ Remove
			Change
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change

D. If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
E. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Department.	ate of filing:  O2/18/2020  (optional)  Despecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(to the does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
f the record specifies a delayed effective cecord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated FEBRUARY 18	. 2020
Si	ignature of a member or authorized representative of a member
RAFAEL RENATO DA S	SILVA
	Typed or printed name of signee

TOUR DE COSTON